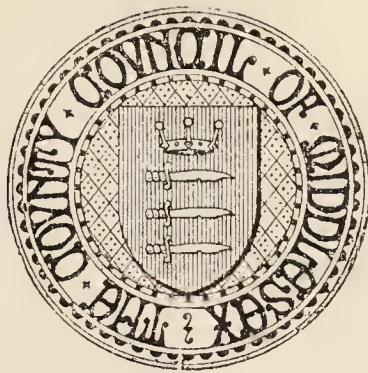


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Administrative County of Middlesex.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

FOR THE

YEAR 1923.

London :

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1924.

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CONTENTS.

	PAGE
Area	4
Births and Birth-rates	8
Cerebro-spinal Fever	22
Deaths and Death-rates	10
Diphtheria	20
Encephalitis Lethargica	23
Enteric Fever	21
Food and Drugs Acts	63
Infantile Mortality	16
Infectious Diseases	18
Lying-in Homes	59
Maternity and Child Welfare	43
Measles	22
Midwives Acts	49
Milk, Dairies and Milkshops	62
Ophthalmia Neonatorum	21
Pneumonia	23
Polioencephalitis, Acute	23
Poliomyelitis, Acute	23
Population	4
Puerperal Fever... ..	21
Scarlet Fever	20
Smallpox	18
„ Hospital Accommodation	28
Tuberculosis	23, 29
Venereal Diseases	40

Administrative County of Middlesex.

ANNUAL REPORT of the County Medical Officer for the Year 1923.

*To the Chairman and Members of the Middlesex County
Council.*


SIR, MY LORD, LADIES AND GENTLEMEN,

I have the honour to present for consideration the report on the Health Conditions of the Administrative County during the year 1923. This report is the first which has been prepared by me, and closely follows the lines of previous reports in order to maintain continuity of record, &c. No event of outstanding importance is to be noted, but it a matter for congratulation that the rate of infantile mortality in the County continues to fall and is now the lowest on record, viz., 52 per 1,000 births. This rate compares very favourably with the rates for London (viz., 60), England and Wales (viz., 69), and the 105 Great Towns (viz., 72). The year has also been marked for the low incidence of infectious disease in the County. Notwithstanding the high proportion of unprotected individuals, the introduction of smallpox into the area on three occasions did not lead to any considerable spread of the disease. The very active steps taken by the officers of the Local Sanitary Authorities must be credited with preventing any untoward consequences.

Dr. C. W. F. Young, your previous Medical Officer, resigned his appointment early in the year on account of ill-health, and I desire to take this opportunity of recording my great indebtedness to him for the kindness with which, at all times, he gave me advice, counsel and support during the years I acted as his assistant and deputy. His early resignation has deprived the County of a most conscientious and able officer and myself of a valued and personal friend.

I have the honour to be,

Your obedient Servant,



GUILDHALL, WESTMINSTER,

County Medical Officer.

June, 1924.

General and Vital Statistics.

AREA.—The Administrative County of Middlesex contains an area of 148,692 acres, including inland water. For the purposes of local government the County is divided into 37 Sanitary Districts, viz. :—

3 Municipal Boroughs	} Containing 100,669 acres.
30 Urban Districts	
4 Rural Districts	Containing 48,023 acres.

POPULATION.—The enumerated population at each of the last 4 censuses is shown in the following table, and it will be noted that a continued increase in the number of residents in the County is evident :—

—	1891.	1901.	1911.	1921.
Urban Districts ...	501,470	755,218	1,078,334	1,196,506
Rural Districts ...	41,424	37,258	48,131	56,496
County ...	542,894	792,476	1,126,465	1,253,002

The Registrar-General has supplied the following *estimates* of the population of the County on 30th June, 1923, for the purposes of vital statistics.

Total population (including soldiers), 1,278,080. This number is used for calculating the birth-rate.

Civilian population, 1,274,848. This figure is used for calculating the death-rate.

In all the Sanitary Districts in the County, with the exception of Heston and Isleworth, Ruislip-Northwood and Uxbridge Urban Districts, the estimated total population is the same as the civilian population.

Information as to the enumerated (census) population of 1911 and 1921, and the estimated population of 1923, for each of the Sanitary Districts in the County is given in the following table.

POPULATION.

		Census 1911.	Census 1921.	Population, 1923, Estimated by Registrar-General.	
				Total.	Civilian.
<i>Urban.</i>					
Acton (<i>Borough</i>)	...	57,497	61,299	62,720	62,720
Brentford	...	16,571	17,032	17,520	17,520
Chiswick	...	38,697	40,938	40,880	40,880
Ealing (<i>Borough</i>)	...	61,222	67,755	68,120	68,120
Edmonton	...	64,797	66,807	69,590	69,590
Enfield	...	56,338	60,738	62,380	62,380
Feltham	...	5,135	6,326	6,571	6,571
Finchley	...	39,419	46,716	47,020	47,020
Friern Barnet	...	14,924	17,375	17,810	17,810
Greenford	...	1,064	1,461	1,458	1,458
Hampton	...	9,220	10,675	10,720	10,720
Hampton Wick	...	2,417	3,265	3,137	3,137
Hanwell	...	19,129	20,481	20,850	20,850
Harrow	...	17,074	19,469	19,640	19,640

	Census 1911.	Census 1921.	Population, 1923, Estimated by Registrar-General.	
			Total.	Civilian.
<i>Urban</i> —continued.				
Hayes ...	4,261	6,303	7,419	7,419
Hendon ...	38,806	56,013	56,690	56,690
Heston & Isleworth ...	43,313	46,664	48,030	46,505
Hornsey (<i>Borough</i>) ...	84,592	87,659	87,430	87,430
Kingsbury ...	821	1,856	1,971	1,971
Ruislip-Northwood ...	6,217	9,112	9,414	9,165
Southall-Norwood ...	26,323	30,287	31,360	31,360
Southgate ...	33,612	39,122	38,910	38,910
Staines ...	6,755	7,326	7,338	7,338
Sunbury ...	4,607	5,350	5,570	5,570
Teddington ...	17,847	21,213	21,500	21,500
Tottenham ...	137,418	146,711	151,700	151,700
Twickenham ...	29,367	34,790	35,080	35,080
Uxbridge ...	10,374	12,919	13,200	11,742
Wealdstone ...	11,923	13,433	13,750	13,750
Wembley ...	10,696	16,187	16,910	16,910

Willesden	...	...	...	154,214	165,674	168,700	168,700
Wood Green	...	...	...	49,369	50,707	51,540	51,540
Yiewsley	...	...	...	4,315	4,843	5,272	5,272
<i>Rural.</i>							
Hendon	...	...	...	14,160	17,656	17,870	17,870
South Mimms	...	...	...	2,805	3,134	3,200	3,200
Staines	...	...	...	21,926	25,063	25,620	25,620
Uxbridge	...	...	...	9,240	10,643	11,190	11,190
The County	...	...	...	1,126,465	1,253,002	1,278,080	1,274,848

BIRTHS AND BIRTH-RATES.—The total number of births belonging to Middlesex occurring during 1923 was 23,172, of which 11,839 were male infants and 11,333 female. This number of births is equal to a birth-rate of 18·1 per 1,000 population, as compared with a birth rate of 18·7 during the preceding year. A slight fall in the rate therefore has obtained, but this is less marked than the fall experienced in London, the Great Towns and the country generally. This is shown in the following table, which gives the figures for the past five years ; it will be noted also that the birth-rate in Middlesex, as usual, is below that in London, England and Wales, and the Great Towns :—

Year.	The County.		England and Wales.	London.	Great Towns.
	Births.	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.
1919	20,569	16·8	18·5	18·3	19·0
1920	29,842	23·3	25·4	26·5	26·2
1921	25,191	20·0	22·4	22·3	23·3
1922	23,775	18·7	20·6	21·0	21·4
1923	23,172	18·1	19·7	20·2	20·4

Illegitimate births in the County numbered 815, or a birth-rate of 0·64, as against 891 out of a total of 23,775, or a rate of 0·70 in 1922.

Midwives practising within the County area attended 10,246 births, or rather less than half the total number. Details as to the distribution in the several Sanitary Districts in the County of the women attended in their confinements by midwives are given later in the Report.

The following table affords information as to births and birth-rates in each district in the County ; it will be seen that, excluding the smaller districts, the birth-rates vary over a considerable range, viz., from 24·0 in Brentford to 13·4 in Southgate :—

BIRTHS AND BIRTH-RATES IN EACH DISTRICT, 1923.

District.	Nett, number.	Rate per 1,000 living.	District.	Nett number.	Rate per 1,000 living.
<i>Urban—</i>			<i>Urban—continued.</i>		
Acton (<i>Borough</i>) ...	1,171	18.7	Southgate ...	522	13.4
Brentford ...	421	24.0	Staines ...	129	17.6
Chiswick ...	724	17.7	Sunbury ...	137	24.6
Ealing (<i>Borough</i>) ...	1,060	15.6	Teddington ...	434	20.2
Edmonton ...	1,520	21.8	Tottenham ...	3,093	20.4
Enfield ...	1,135	18.2	Twickenham ...	679	19.4
Feltham ...	132	20.1	Uxbridge ...	252	19.1
Finchley ...	738	15.7	Wealdstone ...	274	19.9
Friern Barnet ...	294	16.5	Wembley ...	327	19.3
Greenford ...	34	23.3	Willesden ...	3,181	18.9
Hampton ...	166	15.5	Wood Green ...	896	17.4
Hampton Wick ...	33	10.5	Yiewsley ...	154	29.2
Hanwell ...	326	15.6			
Harrow ...	289	14.7	<i>Rural—</i>		
Hayes ...	212	28.6	Hendon ...	276	15.4
Hendon ...	925	16.3	South Mimms ...	50	15.6
Heston & Isleworth ...	838	17.4	Staines ...	496	19.4
Hornsey (<i>Borough</i>) ...	1,277	14.6	Uxbridge ...	243	21.7
Kingsbury ...	45	22.8			
Ruislip-Northwood ...	152	16.1			
Southall-Norwood ...	537	17.1			
			The County ...	23,172	18.1

DEATHS AND DEATH-RATES (ALL CAUSES).—The nett deaths belonging to the Administrative County occurring in 1923 was 12,136, which is equal to a death-rate of 9·5 per 1,000 of the population. This compares favourably with the rate for 1922, which was 10·6, and in fact is the lowest rate for the County ever recorded. The death-rate in London during 1923 was 11·2, in the Great Towns 11·6, and in England and Wales 11·6.

A comparative table giving information as to the death-rates in Middlesex, and the other areas mentioned, over a period of 5 years is set out below.

Year.	The County.		London.	England and Wales.	Great Towns.
	Deaths (corrected).	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.	Rate per 1,000 living.
1919	12,970	11·0	13·4	13·8	13·8
1920	12,271	9·6	12·4	12·4	12·5
1921	12,763	10·1	12·4	12·1	12·3
1922	13,477	10·6	13·4	12·9	13·0
1923	12,136	9·5	11·2	11·6	11·6

The number of deaths and the nett death-rate for each sanitary district in the County are as follows :—

DEATHS AND DEATH-RATES IN EACH DISTRICT, 1923.

	Under 1 year of age.		At all ages.	
	No.	Rate per 1,000 births.	No.	Rate per 1,000 living.
<i>Urban—</i>				
Acton (<i>Borough</i>)	78	67	609	9·7
Brentford	27	64	194	11·1
Chiswick	41	57	471	11·5
Ealing (<i>Borough</i>)	62	58	725	10·6
Edmonton	84	55	651	9·4
Enfield	62	55	553	8·9
Feltham	6	45	65	9·9
Finchley	28	38	427	9·1
Friern Barnet	13	44	148	8·3
Greenford	1	29	9	6·2
Hampton	3	18	117	10·9
Hampton Wick	3	91	31	9·9
Hanwell	18	55	192	9·2
Harrow	11	38	199	10·1
Hayes	5	24	66	8·9
Hendon	43	46	449	7·9
Heston & Isleworth	46	55	456	9·8
Hornsey (<i>Borough</i>)	65	51	928	10·6
Kingsbury	2	44	21	10·7
Ruislip-Northwood	5	33	58	6·3
Southall-Norwood	19	35	246	7·8
Southgate	21	40	343	8·8
Staines	4	31	77	10·5
Sunbury	9	66	58	10·4
Teddington	28	65	220	10·2
Tottenham	179	58	1,410	9·3

	Under 1 year of age.		At all ages.	
	No.	Rate per 1,000 births.	No.	Rate per 1,000 living.
<i>Urban—continued.</i>				
Twickenham	49	72	356	10·1
Uxbridge	12	48	133	11·3
Wealdstone	10	36	125	9·1
Wembley	12	37	127	7·5
Willesden	164	52	1,603	9·5
Wood Green	34	38	491	9·5
Yiewsley	9	58	49	9·3
<i>Rural.</i>				
Hendon	12	43	157	8·8
South Mimms	—	—	28	8·7
Staines	22	44	238	9·3
Uxbridge	11	45	106	9·5
The County	1,198	52	12,136	9·5

The six diseases which are responsible for the greatest number of deaths remain in the same order as last year. A slight decrease in the number of deaths due to heart disease is to be observed, but the most noticeable reduction is in the mortality attributable to pneumonia and bronchitis. Cancer, on the other hand, continues to account for an increasing number of deaths.

The following table shows the number of deaths and the death-rate per 1,000, due to the six diseases referred to above, in each of the last three years :—

DEATHS AND DEATH-RATES FROM CERTAIN SPECIFIED DISEASES.

Disease.	1921.		1922.		1923.	
	Deaths.	Death rate per 1,000	Deaths.	Death rate per 1,000	Deaths.	Death rate per 1,000.
Heart disease	1,448	1.15	1,766	1.40	1,698	1.33
Cancer	1,497	1.19	1,542	1.22	1,622	1.27
Tuberculosis (all forms)	1,180	0.94	1,142	0.90	1,120	0.88
Pneumonia	910	0.72	1,056	0.83	825	0.65
Bronchitis...	916	0.73	1,017	0.80	779	0.61
Cerebral Hæmorrhage, &c.	708	0.56	722	0.57	738	0.58

Detailed information as to the different diseases which contributed towards the total number of deaths and the age groups at which these deaths occurred is given in the following table:—

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1923.

Causes of Death.	Nett Deaths at the subjoined ages of "Residents," whether occurring within or without the County.										
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	All Ages.	Under 1 year.	1 and under 2 years.	2 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 and under 75 years.	75 years and upwards.	
Enteric Fever ...	7	—	—	—	—	2	5	—	—	—	—
Smallpox ...	1	—	—	—	—	—	1	—	—	—	—
Measles ...	35	7	13	10	5	—	—	—	—	—	—
Scarlet Fever ...	16	—	—	5	7	1	3	—	—	—	—
Whooping Cough ...	76	43	19	13	1	—	—	—	—	—	—
Diphtheria ...	120	6	15	40	52	4	1	2	—	—	—
Influenza ...	198	5	5	3	7	11	33	47	43	44	—
Encephalitis Lethargica ...	16	—	1	—	3	2	5	4	—	1	—
Meningococcal Meningitis ...	11	6	1	1	2	—	1	—	—	—	—
Tuberculosis of Respiratory System ...	916	2	2	1	23	220	430	206	27	5	—
Other Tuberculous Diseases ...	204	28	18	38	26	27	38	21	4	4	—

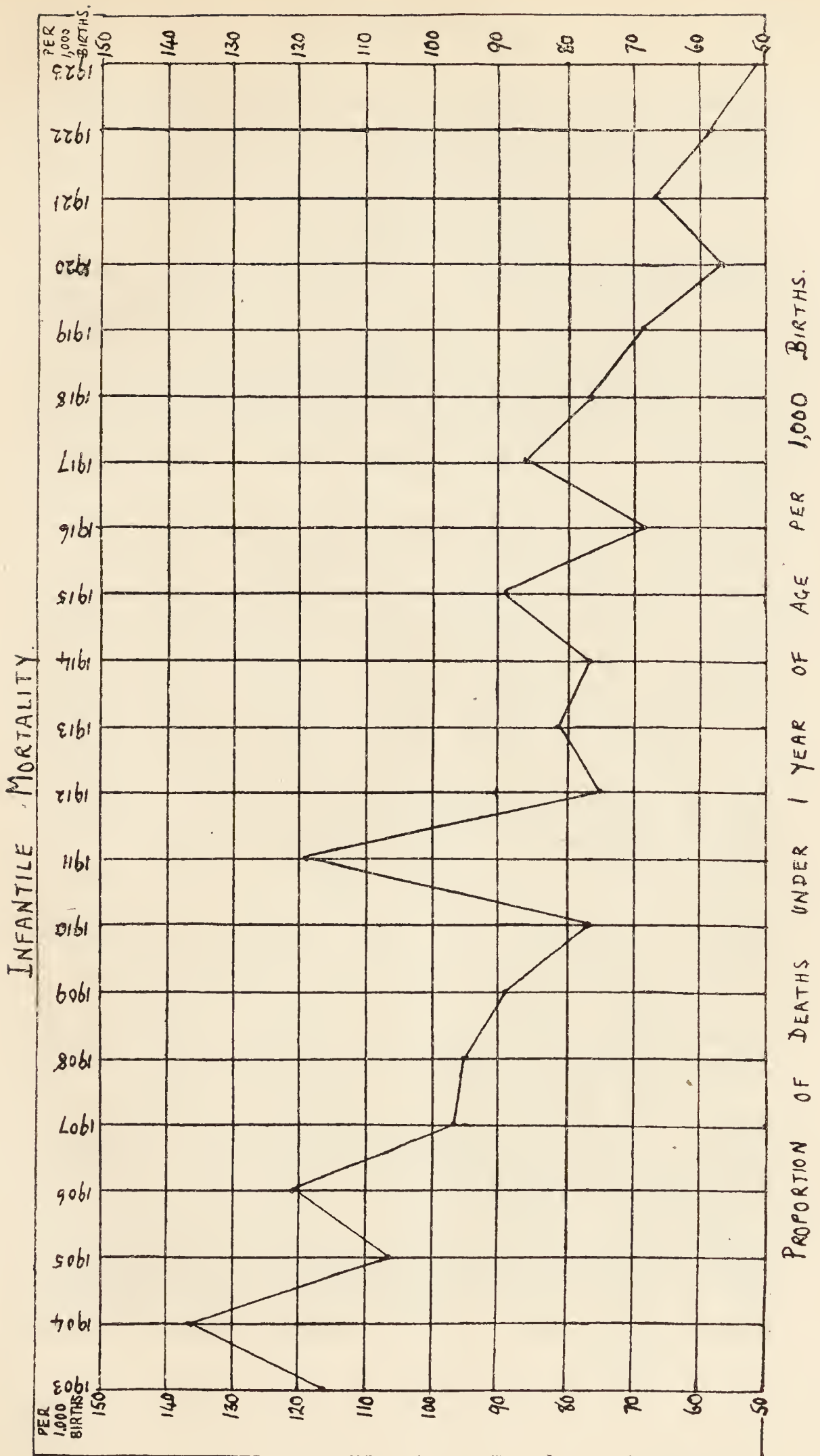
General and Vital Statistics.

Cancer, Malignant Disease ...	1,622	—	—	5	6	7	142	763	447	252
Rheumatic Fever ...	38	—	—	2	9	7	6	7	5	2
Diabetes ...	127	—	1	—	3	3	22	48	37	13
Cerebral Hæmorrhage, &c. ...	738	—	—	—	—	2	28	216	232	260
Heart Disease ...	1,698	—	—	—	16	56	167	511	473	475
Arterio-sclerosis ...	360	—	—	—	—	—	6	77	119	158
Bronchitis ...	779	49	8	2	2	1	26	141	197	353
Pneumonia (all forms)...	825	111	61	37	26	30	121	201	130	108
Other Respiratory Diseases ...	151	6	6	4	2	4	20	46	29	34
Ulcer of Stomach or Duodenum	104	—	—	—	—	3	33	52	11	5
Diarrhœa, &c. ...	185	122	8	5	1	2	4	16	10	17
Appendicitis and Typhlitis ...	82	—	—	4	18	8	16	23	11	2
Cirrhosis of Liver ...	49	—	—	1	—	—	6	27	13	2
Acute and Chronic Nephritis	297	2	1	1	7	13	44	124	55	50
Puerperal Sepsis ...	36	—	—	—	—	7	29	—	—	—
Other Accidents and Diseases of Pregnancy and Parturi- tion ...	48	—	—	—	—	5	41	2	—	—
Congenital Debility and Mal- formation, Premature Birth	603	593	4	3	1	2	—	—	—	—
Suicide ...	131	—	—	—	—	12	43	61	11	4
Other Deaths from Violence	399	24	22	28	44	33	67	82	40	59
Other Defined Diseases ...	2,250	190	30	40	82	84	226	430	383	785
Causes ill-defined or unknown	14	4	2	—	—	2	1	4	1	—
All Causes ...	12,136	1,198	217	243	343	548	1,565	3,111	2,278	2,633

INFANTILE MORTALITY.—The number of deaths of infants under 1 year of age occurring during 1923 was 1,198, equivalent to an infantile mortality rate of 52. This is the lowest rate which has ever been recorded in the County, and is one of the most satisfactory features of the year's report. The rate compares favourably with the corresponding rates for London, England and Wales, and the Great Towns, as is shown in the following table :—

Year.	The County.			London.	England and Wales.	Great Towns.
	Births.	Deaths (corrected) under 1 year.	Rate per 1,000 births.	Rate per 1,000 births.	Rate per 1,000 births.	Rate per 1,000 births.
1919	20,569	1,400	68	85	89	93
1920	29,842	1,696	57	75	80	85
1921	25,191	1,681	67	80	83	87
1922	23,775	1,387	58	74	77	82
1923	23,172	1,198	52	60	69	72

The very marked reduction which has taken place in the rate of infant mortality during recent years is intimately associated with the active and systematic steps which have been taken to deal with the problem of the national loss resulting from negligence and ignorance in child management. Apart from congenital conditions, prematurity, &c., the conditions responsible for the greatest number of deaths amongst infants are various disorders of the digestive and respiratory systems. Many of these are entirely preventable and the remainder are usually not fatal in character if recognised early and suitably treated. It is towards these that infant welfare centres have directed their main attack and the results are apparent in the following chart, which shows the infantile death



rate for the County during the past 20 years. (For information as to infantile mortality in each district in the County, see Table on page 11).

Infectious Diseases.

SMALLPOX.—Four cases of smallpox occurred in the County during 1923. Of these, two were definitely traced to the same source. In connection with the occurrence of smallpox in London, as result of investigation by the London County Council it was found that the first cases arose among the staff of a London hotel where the employees had been in contact with a lady visitor, recently arrived from Spain.

It appeared she had suffered from some illness whilst at the hotel, but did not call in a doctor. At the time of the enquiry she had left the hotel and her whereabouts were not known. Ultimately, on 10th September, 1923, she was traced to Willesden, where she had gone to stay with relatives, and was found to be suffering from smallpox. In the same household three other cases of suspected smallpox were discovered ; all the patients were removed at once to the Metropolitan Asylums Board Smallpox Hospital, where one patient died from smallpox, whilst in two of the cases the suspicion of smallpox was not confirmed.

The first case (the lady visitor) had been suffering from the disease from 13th August, 1923, till her removal to hospital on 10th September, 1923, during which time she had moved freely about London and the neighbourhood.

In all, including the case mentioned above, she is known to have infected six cases, and it is possible that she was the source of infection of one other case.

The third Middlesex case occurred in a resident of Harrow, who was a contact to a notified case of smallpox in London ; she was promptly removed to the Uxbridge Joint Smallpox Hospital.

The fourth case was that of a gentleman residing in Wood Green who returned to England on the 7th December, after a visit to Spain. On the 11th December, under the arrangements made by the Middlesex County Council

with the London County Council, he was seen by Dr. Wanklyn, of the London County Council, and found to be suffering from smallpox. He was removed to the Uxbridge Smallpox Isolation Hospital at Yeading the same day. From the history obtained from the patient it appeared that the rash must have commenced to make its appearance on the 5th or 6th December, *i.e.*, before the patient arrived in England.

On arrival at Victoria Station on the afternoon of the 7th December, the patient was met by a hired motor car from Friern Barnet and conveyed to an address in Friern Barnet where he stayed the night. The following day he used the same car to make a call in Friern Barnet and thence to travel to his home in Wood Green. In addition to the personal contacts at the addresses in Friern Barnet and Wood Green, it was found possible to identify and disinfect the motor car, to trace the drivers and boy employed at the garage, all the people who used the car after the patient and before disinfection, and the employees at the addresses to which bed linen, &c., used by the patient, both in Friern Barnet and Wood Green, had been sent for washing.

These inquiries showed that residents in Edmonton, Enfield, Finchley, Friern Barnet, Hornsey, Southgate and Tottenham, in the County of Middlesex, as well as residents in the County of London, had been associated directly or indirectly with the case. The high proportion of indirect contacts who accepted revaccination was especially satisfactory.

During the month of November information was received by the Medical Officer of Health of Chiswick that a London resident who had journeyed to Ireland, on arrival, was found to be suffering from smallpox. As result of inquiry, it transpired that the man had called at a friend's house in Chiswick the day before he left for Ireland and had also stayed the night at another address in Chiswick. During the course of the same evening he attended a card party at a private house in the district of Acton. Investigation showed that the patient must have been in an infectious condition during the whole period he was in the County of Middlesex.

In every instance the local Medical Officers of Health and Public Health staffs took active and thorough measures to prevent the spread of infection; "contacts" were traced, offered re-vaccination and kept under observation; premises were disinfected, &c., &c., and it is satisfactory to record that no spread of infection resulted.

Throughout the inquiries the Public Health Department of the County Council was in frequent consultation with the Public Health Departments of the districts chiefly concerned, and also kept the other districts in the County, the London County Council, &c., informed of the progress of events.

SCARLET FEVER.—A total of 2,378 cases was notified during the year, equal to a case-rate of 1·87 per 1,000 persons. These figures are the lowest since 1918 and compare very favourably with those of 1922, when 5,134 cases were recorded (a case-rate of 4·06 per 1,000), and with those for 1921, when the disease was unusually prevalent and a total of 8,130 cases was reached (a case-rate of 6·45 per 1,000).

The disease as a whole was of a very mild type and the number of deaths from the complaint was only 16, or a death-rate of 0·01 per 1,000 persons. The corresponding death-rate for England and Wales was 0·03, for London 0·02, and for the 105 Great Towns 0·03 per 1,000 persons living.

The prevalence of this disease was most marked in the districts of Feltham, Hanwell and Ruislip-Northwood (see Table on page 26).

DIPHTHERIA.—The total number of cases for the year was 1,798, equal to a case-rate of 1·41 per 1,000 persons, as compared with 3,248 cases and a case-rate of 2·57 per 1,000 for 1922—a distinct decrease. As in the case of scarlet fever, this is the lowest number of notifications recorded since 1918. The death rate for the year, viz., 0·09 per 1,000, was also materially lower than that for 1922 (0·21 per 1,000). In England and Wales for 1923 the death-rate for diphtheria was 0·07, in London 0·13, and in the 105 Great Towns 0·09 per 1,000. The mortality per cent. of cases for the County was 6·7 as compared with 8·1 for the previous year.

The districts in which the incidence was most marked were Brentford, Feltham, Hanwell, Willesden, Yiewsley and Staines Rural (*see* Table on page 26).

ENTERIC FEVER.—A total of 58 cases was notified as compared with 47 in 1922. Seven deaths occurred, giving the low death-rate of 0·005. Both in London and in England and Wales, the death-rate was 0·01 per 1,000. (For information as to the incidence of enteric fever in the several sanitary areas in the County, *see* Table on page 26).

PUERPERAL FEVER.—A total of 67 cases was notified, equivalent to a case-rate of 2·9 per 1,000 births ; this is an increase of 10 cases as compared with 1922, when the total notified was 57 and the case-rate 2·4 per 1,000 births. Of the total cases, however, only 16 occurred in the practices of midwives as compared with 17 in the previous year. Returns made by midwives show that they attended a total of 10,246 births, or, excluding 1,249 births which occurred outside the County boundary, a net total of 8,997. Based upon this figure, the case-rate of puerperal fever in the practices of midwives, therefore, is 1·8 per 1,000 births, which is the same rate as last year.

The total number of deaths due to puerperal fever was 36, equal to a death-rate of 1·55 per 1,000 births. Out of the total number of deaths, six occurred in the practice of midwives, which is equivalent to a death-rate of 0·66 per 1,000 births attended by midwives.

OPHTHALMIA NEONATORUM.—A total of 80 cases was notified, equal to a case-rate of 3·45 per 1,000 births. This is the lowest number of notifications recorded since the complaint became compulsorily notifiable in 1914. Having in mind the serious effects of this condition on vision, it is especially satisfactory to be able to record the progressive diminution in its occurrence. Increased care and attention to the infants' eyes at birth, greater appreciation by the general public of the serious results attendant upon venereal diseases, combined with increased facilities for the treatment of these diseases and, probably, actual decrease in the incidence of venereal diseases, all have contributed towards this result, and the ultimate complete disappearance of blindness due to ophthalmia neonatorum

is not an ideal impossible of attainment. Of the 80 cases of ophthalmia notified during the year, 36 cases occurred in the practices of midwives and 44 amongst cases attended by doctors. Reference should be made to the section of the report dealing with the administration of the Midwives Acts for information as to the after-results of the treatment of the midwives' cases.

The following table affords information of the notifications of ophthalmia neonatorum during the past five years :—

Year.	Cases.	Rate per 1,000 Births.	Year.	Cases.	Rate per 1,000 Births.
1919	170	8·26	1922	131	5·51
1920	198	6·63	1923	80	3·45
1921	139	5·55			

MEASLES.—The total number of deaths recorded was 35. This is an unusually low number, but in view of the tendency of measles to increase in prevalence about every second year, after the experience of 1922, when 130 deaths were recorded, a low mortality rate was to be anticipated. The number of deaths recorded during the past 10 years gives evidence of this characteristic of the disease.

Year.	Deaths.	Year.	Deaths.
1914	81	1919	53
1915	484	1920	112
1916	118	1921	14
1917	258	1922	130
1918	182	1923	35

CEREBRO-SPINAL FEVER.—This disease was made compulsorily notifiable in September, 1912, and the number of notifications during each year since has been as follows :—1913, 7; 1914, 8; 1915, 115; 1916, 53; 1917, 54; 1918, 19;

1919, 33 ; 1920, 23 ; 1921, 9 ; 1922, 15 ; 1923, 11. Of the 11 cases notified three occurred in the first quarter, one in the second, two in the third, and five in the fourth ; whilst all the cases occurred in populous areas, viz., 4 in Willesden, 3 in Hornsey, 2 in Acton and 1 each in Ealing and Tottenham.

ENCEPHALITIS LETHARGICA.—The notifications of this complaint since the beginning of 1919 have been as follows :—

—		1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.
1919	....	12	4	2	10
1920	....	13	9	5	17
1921	....	37	13	—	3
1922	....	6	8	7	9
1923	....	12	6	7	6

ACUTE POLIOENCEPHALITIS.—No cases were reported during the year, as compared with 2 in 1922.

ACUTE POLIOMYELITIS.—24 cases were recorded in 1923, as against 6 in 1922, 18 in 1921, 12 in 1920, and 29 in 1919. The quarterly notifications for this complaint were, in their order, 6, 3, 10 and 5.

PNEUMONIA.—A total of 3 cases of influenzal pneumonia was notified as compared with 32 during 1922, and 825 cases of primary pneumonia as compared with 1,056 during 1922. As the notifications of pneumonia do not include all forms of this disease, such notifications cannot be used for comparison with the death-rate from pneumonia. Moreover, it is doubtful whether notification is complete as regards the forms of the disease which are actually notifiable. The total deaths from pneumonia numbered 825, or a death-rate of 0·65 per 1,000 living, as compared with 1,056 deaths and a death-rate of 0·83 in 1922.

TUBERCULOSIS.—For the first time since 1918 the number of notifications has shown an increase on the number of

cases notified during the preceding year. As will be seen from the table given below, this increase is not sufficient to bring the total up to that recorded in 1920; nevertheless, it is a definite and regrettable increase. It is possible that the rise in the number of notifications recorded may be due to more complete notification by doctors in the area, but, on the contrary, it may well be that the large amount of unemployment, combined with the present shortage of housing accommodation, have been responsible for a definite increase in the incidence of the disease. If the latter is the case it is to be expected that the increase will be reflected in the death-rates from tuberculosis in future years. The number of deaths for 1923 shows a slight decrease on the totals of 1922.

Reference should be made to the Table on page 26 for information as to the distribution of tuberculosis in the different sanitary areas of the County.

TUBERCULOSIS (NOTIFICATIONS AND DEATHS FOR PAST 10 YEARS).

Tuberculosis of Respiratory System.						All Forms of Tuberculosis.			
	Number of Notifications.	Rate per 1,000 living.	Number of Deaths.	Death-rate per 1,000 living.	Number of Notifications.	Rate per 1,000 living.	Number of Deaths.	Death-rate per 1,000 living.	
1914	2,300	1.86	957	0.77	2,939	2.38	1,219	0.98	
1915	2,143	1.81	1,060	0.89	2,732	2.31	1,413	1.19	
1916	1,894	1.62	1,203	1.03	2,431	2.08	1,520	1.30	
1917	1,930	1.68	1,216	1.05	2,474	2.15	1,553	1.35	
1918	2,218	1.93	1,386	1.20	2,621	2.28	1,642	1.43	
1919	2,150	1.75	1,013	0.86	2,577	2.19	1,236	1.05	
1920	1,887	1.48	974	0.76	2,218	1.74	1,178	0.92	
1921	1,604	1.27	944	0.75	1,931	1.53	1,180	0.94	
1922	1,529	1.21	948	0.75	1,823	1.44	1,142	0.90	
1923	1,567*	1.23	916	0.72	1,943*	1.52	1,120	0.88	

* These figures are obtained from the weekly notifications of the district Medical Officers of Health in the County. All the remaining statistics are furnished by the Registrar-General.

COUNTY AND DISTRICT RATES, 1923.

Scarlet Fever, Diphtheria, Enteric Fever, Tuberculosis.

Number of cases, notified, with case-rate per 1,000 living.
 Number of deaths recorded, with death-rate per 1,000 living.

	Scarlet Fever.			Diphtheria.			Enteric Fever.			Tuberculosis (all forms).						
	Cases Notified.		Deaths Recorded.	Cases Notified.		Deaths Recorded.	Cases Notified.		Deaths Recorded.	Cases Notified.		Deaths Recorded.				
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.				
THE COUNTY	2,378	1.87	16	0.01	1,798	1.41	120	0.09	58	0.05	7	0.005	1,943	1.52	1,120	0.88
<i>Urban Districts—</i>																
Acton (<i>Borough</i>)	160	2.55	—	—	62	0.99	3	0.05	3	0.05	—	—	96	1.53	70	1.12
Brentford	63	3.60	—	—	43	2.45	—	—	2	0.11	—	—	51	2.91	18	1.03
Chiswick	69	1.69	—	—	49	1.20	1	0.02	2	0.05	—	—	71	1.74	41	1.00
Ealing (<i>Borough</i>)	139	2.04	1	0.01	56	0.82	6	0.09	5	0.07	1	0.01	118	1.73	70	1.03
Edmonton	122	1.75	—	—	84	1.21	6	0.09	2	0.03	—	—	145	2.08	89	1.28
Enfield	86	1.38	2	0.03	20	0.32	4	0.06	1	0.02	1	0.02	110	1.76	58	0.93
Feltham	41	6.24	—	—	46	7.00	2	0.30	—	—	—	—	3	0.46	2	0.30
Finchley	78	1.66	—	—	34	0.72	4	0.09	—	—	—	—	62	1.32	35	0.74

Friern Barnet	...	13	0.73	—	—	—	—	—	—	13	0.73	11	0.62
Greenford	...	1	0.69	—	—	—	—	—	—	1	0.69	2	1.37
Hampton	...	22	2.05	1	0.09	—	—	—	—	7	0.65	7	0.65
Hampton Wick	...	6	1.91	—	—	—	—	—	—	—	0.32	—	—
Hanwell	...	143	6.86	—	—	—	—	—	—	14	0.67	15	0.72
Harrow	...	18	0.92	—	—	—	—	—	—	34	1.73	28	1.43
Hayes	...	13	1.75	—	—	—	—	—	—	1	0.13	8	1.08
Hendon	...	67	1.18	1	0.02	—	—	—	—	76	1.34	35	0.62
Heston & Isleworth	...	92	1.98	1	0.02	—	—	—	—	65	1.40	41	0.88
Hornsey (Borough)	...	126	1.44	1	0.01	—	—	—	—	105	1.20	58	0.66
Kingsbury	...	1	0.51	—	—	—	—	—	—	2	1.01	4	2.03
Ruislip-Northwood	...	57	6.22	—	—	—	—	—	—	7	0.76	8	0.87
Southall-Norwood	...	36	1.15	—	—	—	—	—	—	45	1.43	31	0.99
Southgate	...	49	1.26	—	—	—	—	—	—	32	0.82	21	0.54
Staines	...	12	1.64	1	0.14	—	—	—	—	6	0.82	6	0.82
Sunbury	...	12	2.15	—	—	—	—	—	—	1	0.18	5	0.90
Teddington	...	38	1.77	—	—	—	—	—	—	15	0.70	16	0.74
Tottenham	...	378	2.49	3	0.02	—	—	—	—	306	2.02	144	0.95
Twickenham	...	29	0.83	1	0.03	—	—	—	—	60	1.71	38	1.08
Uxbridge	...	3	0.26	—	—	—	—	—	—	13	1.11	14	1.19
Wealdstone	...	21	1.53	1	0.07	—	—	—	—	18	1.31	7	0.51
Wembley	...	10	0.59	—	—	—	—	—	—	26	1.54	6	0.35
Willesden	...	247	1.46	3	0.02	—	—	—	—	296	1.75	144	0.85
Wood Green	...	90	1.75	—	—	—	—	—	—	62	1.20	38	0.74
Yiewsley	...	7	1.33	—	—	—	—	—	—	7	1.33	—	—
<i>Rural Districts.</i>													
Hendon	...	20	1.12	—	—	—	—	—	—	20	1.12	12	0.67
South Mimms	...	—	—	—	—	—	—	—	—	2	0.62	3	0.94
Staines	...	90	3.51	—	—	—	—	—	—	19	0.74	19	0.74
Uxbridge	...	19	1.70	—	—	—	—	—	—	33	2.95	16	1.43

Smallpox Hospital Accommodation.

In view of the continued occurrence of cases of smallpox in the Country, including the occurrence of cases in the County of Middlesex, and of the large proportion of the population at the present time inadequately protected from smallpox by vaccination, the subject of the isolation accommodation for this disease available in the County again has engaged the attention of the County Council during the year. A deputation from the Public Health Committee visited the Ministry of Health and demonstrated that the County Council had taken all possible steps to induce the District Councils in areas where accommodation was inadequate, unsuitable or non-existent, to make suitable provision, preferably by joining the Middlesex Districts Joint Smallpox Hospital Board.

The Ministry decided to communicate directly with the districts concerned and inform them of the terms upon which the Joint Hospital Board were willing to include them, at the same time pointing out that they would be prepared to sanction a loan for the amount required, repayable over a period of 30 years.

The present position (early in 1924) in the County is as follows :—

Twenty-six districts are included in the Middlesex Districts Joint Smallpox Hospital Board, viz., the Urban Districts of Acton, Brentford, Chiswick, Edmonton, Enfield, Feltham, Finchley, Friern Barnet, Greenford, Hampton, Hampton Wick, Hanwell, Harrow, Hendon, Kingsbury, Southgate, Staines, Sunbury, Teddington, Tottenham, Wealdstone, Wembley, Wood Green and the Rural Districts of Hendon, South Mimms and Staines.

Five districts are included in the Uxbridge Joint Hospital Board, viz., the Urban Districts of Hayes, Ruislip-Northwood, Uxbridge, Yiewsley, and the Rural District of Uxbridge.

Four districts have separate accommodation or arrangements, viz., Ealing, 12 beds; Heston & Isleworth, 13 beds, jointly with Richmond (Surrey);

Hornsey, arrangements made with Uxbridge Joint Hospital for use of 10 beds ; Willesden, Willesden Smallpox Hospital, Kingsbury would accommodate a limited number of cases if necessary, and the Council have approved plans for extension, which, when complete, will enable 22 cases to be accommodated.

One District has accommodation which is reported to be unsuitable, viz., Twickenham.

One district has no provision, viz., Southall-Norwood.

Scheme for the Prevention and Treatment of Tuberculosis.

Under the scheme of the County Council for dealing with tuberculosis, provision is made for :—

- (a) The diagnosis, supervision and treatment of patients as out-patients at the Council's tuberculosis dispensaries.
- (b) The treatment as in-patients of suitable cases at residential institutions.

The facilities provided are available to residents in all parts of the Administrative County suffering from any form of the disease.

(a) DISPENSARY TREATMENT.

For the purposes of dispensary treatment the County is divided into six areas, each in charge of a whole-time medical officer, who is assisted by whole-time tuberculosis dispensary nurses.

The major portion of the work in each area is carried out at or from a head dispensary, but to meet the convenience of patients, branch or sub-dispensaries have been established in several districts.

In March the Council were obliged to vacate the premises used as a sub-dispensary at Harrow, and up to the present it has not been possible to obtain other suitable premises in this district.

30 *Scheme for the Prevention and Treatment of Tuberculosis.*

During 1923 the vacancy in the staff of tuberculosis officers occasioned by the death of Dr. Cogill, was filled by the appointment of Dr. H. Evans, who had been acting as a part-time *locum* during the former officer's illness.

The following is a list of the six tuberculosis dispensary areas in the County, together with information as to the tuberculosis medical officers in charge of each, and the addresses of the several dispensaries :—

Area.	Districts served.	Tuberculosis Medical Officer.	Head Dispensary.	Branch Dispensaries.
1	Edmonton, Enfield ...	Dr. H. Evans ...	56, Silver Street, Edmonton.	—
1A	Tottenham	Dr. S. T. Davies ...	140, West Green Road, Tottenham.	—
2	Finchley, Friern Barnet, Hendon (Urban), Hornsey, Southgate, Wood Green, South Mimms.	Dr. J. R. B. Dobson ...	Chester Villa, High Road, N. Finchley.	10, Alexandra Road, Hornsey; 158, The Broadway, West Hendon.
3	Harrow, Kingsbury, Ruislip-Northwood, Wealdstone, Wembley, Willesden, Hendon (Rural).	Dr. O. Bruce ...	3, Priors Park Road, Kilburn.	—
4	Acton, Ealing, Greenford, Hanwell, Hayes, Southall-Norwood, Uxbridge (Urban), Yiewsley, Uxbridge (Rural).	Dr. F. R. B. Atkinson	Green Man Lane, Ealing.	School Clinic, Municipal Offices, Acton; 156, High Street, Uxbridge.
5	Brentford, Chiswick, Feltham, Hampton, Hampton Wick, Heston & Isleworth, Staines (Urban), Sunbury, Teddington, Twickenham, Twickenham (Rural).	Dr. E. E. Norton ...	Bell Road, Hounslow.	14, Heathfield Terrace, Chiswick; 12, Thames Street, Staines; 1, Staines Road, Twickenham.

32 *Scheme for the Prevention and Treatment of Tuberculosis.*

SUMMARY OF WORK CARRIED OUT AT OR IN CONNECTION WITH THE TUBERCULOSIS DISPENSARIES DURING 1923.

Number of persons examined for the first time ;—

Insured, 1,481 ; non-insured, 1,795 ; total, 3,276.

Results of examination—

Diagnosed as suffering from Tuberculosis	1,370
Diagnosed as not suffering from Tuberculosis	1,523
Undiagnosed : Remaining under observation	383
Total	3,276

[Included amongst this total are 132 tuberculous discharged soldiers or sailors who were dealt with as follows :—

Recommended for institutional treatment ...	59
Kept under observation at the dispensaries ...	73]

Number of patients under treatment, supervision or observation :—

On 1st January : Insured, 3,070 ; non-insured, 2,532 ; total, 5,602.

On 31st December : Insured, 2,864 ; non-insured, 2,412 ; total, 5,276.

Number of home visits made by the dispensary nurses, 14,777.

[Included amongst these are 2,751 visits to 1,078 tuberculous discharged soldiers and sailors, which is equivalent to 18·6 per cent. of the total visits made.]

Number of bacteriological examinations of the sputum of patients attending the dispensaries made by the Tuberculosis Medical Officers at the Dispensaries, 1,372.

Number of X-Ray examinations of patients attending the Dispensaries carried out for the Council's Tuberculosis Officers, under arrangements which have been made with the Prince of Wales' Hospital, Tottenham, 154.

In addition to attendance at the Council's dispensaries, arrangements have been made for special cases to receive

special forms of treatment in the out-patient departments of certain of the London Hospitals, *e.g.*, Finsen light treatment, refills for artificial pneumothorax, &c.

During 1923 the Council paid for 605 such attendances made by 33 patients.

Nineteen shelters have been provided for the use of tuberculous patients residing at home, and these are used in suitable cases where the home conditions permit.

No charge is made by the Council for attendance at the tuberculosis dispensaries or for the use of shelters, but enquiries are made into the financial circumstances of cases recommended for special out-patient treatment at any of the London Hospitals, and contributions are asked for where the results of enquiry show that this course is justified.

As in previous years the Council's Tuberculosis Officers have drawn up a joint report affording information of the general working of the scheme during the year. The following extract embodies the main features of their Report for 1923 :

Information of all notifications of tuberculous diseases sent by medical men to the Medical Officer of Health, is forwarded by the latter to the County Medical Officer, by whom it is passed on to the Tuberculosis Officers for necessary action.

The Medical Officers of Health and the Tuberculosis Officers continue to work in close co-operation. Any sanitary defects which come to the notice of the Tuberculosis Officers are reported to the Medical Officers of Health, and the County Medical Officer is informed that this has been done. Deaths, removals and changes of address are notified to the Medical Officers of Health.

The School Medical Officers, both of the County and of autonomous districts (frequently the Medical Officers of Health) freely and frequently send cases to the Tuberculosis Officers for their opinion ; these are reported upon and are kept under observation, or recommended for treatment according to their requirements.

Now that the facilities for treatment afforded by the County Council Scheme have become widely known the large majority of tuberculous cases met with in general and in special hospitals are promptly referred to the County Council ; consequently the Tuberculosis Officers are now called upon to advise in almost every tuberculous case and the resultant demands for treatment are increasingly great.

34 *Scheme for the Prevention and Treatment of Tuberculosis.*

Co-operation between the Medical Practitioners and the Tuberculosis Officers is still cordial and close, and a majority of the patients attending at the Dispensaries come up for examination, in the first instance, upon the advice of the practitioner.

As regards persons insured under the National Insurance Act, co-ordination between the Tuberculosis Officer and the Insurance doctor has been furthered by the Ministry of Health Memorandum 286 of December, 1923, which sets out provisions intended to assure closer communication with regard to tuberculous patients, or those suspected of being tuberculous.

In every case of doubtful diagnosis, observation is kept upon the patient as long as may be necessary. There are also, at Hounslow, observation wards where such patients can be watched under institutional conditions.

The advisability that all contacts present themselves for examination is impressed upon patients, and their parents and friends, both by the Tuberculosis Officers and the nurses on their visits to the homes, notably in the case of new patients, but as opportunity offers in all. It is found that it is difficult to induce healthy adult contacts to attend. The contacts of school age who are under the observation of School Medical Officers, or of the Medical Officers of Health (in their capacity as School Medical Officers) are sent to the Dispensaries for examination and report.

Nothing has occurred since our last report to alter our opinion that residence in a sanatorium is still the best form of treatment for pulmonary tuberculosis in selected cases. It is only in such an institution that the requisite educational instruction can be enjoined and proper supervision of exercise in the form of graduated labour is available.

Since the opening of the County Sanatorium at Harefield patients have been under the direct treatment of the County Council Committee and its officers, and co-operation and consultation between the Tuberculosis Officers and the medical officers of the Sanatorium have been closer than was possible before a County Sanatorium was erected.

Treatment for non-pulmonary tuberculosis is provided for in various hospitals and in other institutions. Surgical apparatus, when required as an essential part of treatment, is provided by the Council, gratuitously if the circumstances of the patient are such that the apparatus cannot otherwise be obtained.

There are no "Care" or "After-care" Committees in connection with the Tuberculosis Dispensaries. The Tuberculosis nurses visit frequently all the homes of patients, and give advice and supervision.

There has been no increase in the number of cases in which the use of shelters is recommended.

Endeavour is made, *e.g.*, by the use of sputum flasks and cards of instruction in mode of life, to prevent direct massive infection. Further facilities for segregation of advanced pulmonary cases (especially of females) in hospital are urgently needed.

The chief special difficulty remains, as always, that of finding suitable housing, occupation and nourishment for the chronic class of tuberculous patients.

(b) INSTITUTIONAL TREATMENT.

Pulmonary tuberculosis.—With very few exceptions, all patients in need of institutional treatment are accommodated at the following institutions :—

—	Number of beds.			Type of Case.
	Adults.		Children.	
	Male.	Female.		
Middlesex County Council Sanatorium, Harefield.	129	129	64	Sanatorium and 8 observation (children).
Middlesex County Council Dispensary, Bell Road, Hounslow.	9	7	—	Observation.
Middlesex County Council Hospital, Twickenham Road, Isleworth.	40	—	—	Hospital.
Clare Hall, South Mimms	120	66	—	Late Sanatorium and Hospital.

Surgical tuberculosis.—The Council has 6 beds for children reserved for its use at the Victoria Home, Margate.

In all other cases application for admission is made to one or other of the existing institutions approved by the

36 *Scheme for the Prevention and Treatment of Tuberculosis.*

Ministry of Health for the treatment of surgical tuberculosis.

During 1923 patients were maintained by the Council in the following :—

Adults.—All Saints' Hospital; Hendon Cottage Hospital; Mount Vernon Hospital, Northwood; Prince of Wales Hospital, Tottenham; Royal Sea Bathing Hospital, Margate; St. Anthony's Hospital, Cheam; University College Hospital.

Children.—Alexandra Hospital for Hip Disease, Swanley; Children's Hospital for Hip Disease, Sevenoaks; "Clevedon," Broadstairs; Headington Orthopædic Hospital; Heatherwood Tuberculosis Hospital, Ascot; Hendon Cottage Hospital; Lord Mayor Treloar's Cripples' Hospital, Alton; Royal Sea Bathing Hospital, Margate; St. Vincent's Cripples' Home, Pinner.

In every case institutional treatment is provided on the basis of the payment of a suitable contribution by the patient or relatives if the means of the family justify this. Full enquiry is made into the financial circumstances of each patient recommended for admission to an institution and the amount of contribution to be asked for decided by the Health Sub-Committee or its Chairman.

The total number of persons sent to institutions, 1st January to 31st December, 1923, was :—

	Sanatoria.		Hospitals.		Surgical Cases.	
	M.	F.	M.	F.	M.	F.
Ex-service patients (T.D.S.)	157	—	75	—	17	—
Insured	259	189	195	79	30	17
Non-insured—						
Adults	47	119	56	82	11	16
Children under 16	53	48	3	9	46	46
Total	516	356	329	170	104	79

On the 31st December, 1923, there was a total of 644 patients in institutions, viz., ex-Service patients 81,

insured persons 301, and non-insured persons 262 (119 adults and 143 children under 16).

The average number of patients under treatment in institutions, which was 380 in 1917, 442 in 1918, 481 in 1919, 594 in 1920, 674 in 1921, 687 in 1922, rose to 692 in 1923. The maximum number at one time was 732 during June, and the minimum was 616 during January.

The following Table as to the immediate result of the treatment of patients in institutions under the Council's scheme is based upon particulars provided by the Tuberculosis Officers. As result of the close observation of patients kept by the Tuberculosis Officers under the system which is in force, there is but little chance of failure to continue in touch with patients after they are discharged from institutions.

Return showing the immediate results of treatment of patients* discharged from Residential Institutions during the year 1923.

Classification on admission to the Institution.	Condition at time of Discharge.	Duration of Residential Treatment.												Total.
		Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class A.	Quiescent	7	4	2	27	39	19	7	7	11	2	1	4	130
	Much improved	13	12	2	22	12	9	6	6	7	2	1	5	95
	No material improvement	10	6	—	6	3	2	2	2	2	1	—	—	32
	Died in Institution	5	1	1	—	2	2	—	1	—	—	—	—	13
Class B, Group 1.	Quiescent	—	—	—	20	5	—	6	6	—	—	—	—	34
	Much improved	11	4	—	50	18	1	20	20	—	—	1	4	119
	No material improvement	2	7	—	13	3	—	1	1	—	—	—	—	29
	Died in Institution	1	2	—	2	—	1	—	—	—	—	—	—	7
Class B, Group 2.	Quiescent	—	—	—	5	4	1	2	2	—	—	4	—	16
	Much improved	7	5	—	52	31	—	27	27	—	—	14	5	161
	No material improvement	17	18	—	35	19	—	18	18	—	—	2	4	123
	Died in Institution	16	7	1	9	10	—	6	6	—	—	3	1	59
Class B, Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Much improved	1	—	—	10	5	—	9	9	—	—	1	1	26
	No material improvement	13	7	1	24	20	1	14	14	—	—	3	6	91
	Died in Institution	48	18	—	12	7	—	3	3	—	—	7	1	106

Pulmonary Tuberculosis.

		Non-Pulmonary Tuberculosis.																
Bones and Joints.	Observation for purpose of diagnosis.	Under 1 week.				1—2 weeks.				2—4 weeks.				More than 4 weeks.				
		—	1	2	3	1	2	3	4	1	2	3	4	1	2	3	4	
Peri-pheral Glands.	Quiescent	—	1	2	3	2	1	1	2	1	1	1	1	1	1	1	1	18
	Much improved	—	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	5
	No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Organs.	Quiescent	—	1	—	2	—	—	—	2	—	—	—	—	—	—	—	—	8
	Much improved	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
	No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ab-dominal.	Quiescent	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	17
	Much improved	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	11
	No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
Bones and Joints.	Quiescent	—	1	2	3	2	1	1	3	1	1	1	1	1	1	1	1	10
	Much improved	—	1	2	1	—	—	—	—	—	—	—	—	—	—	—	—	6
	No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Under 1 week.				1—2 weeks.				2—4 weeks.				More than 4 weeks.				
Observation for purpose of diagnosis.	Tuberculous	4	—	3	2	1	13	8	—	—	—	14	7	1	53			
	Non-tuberculous	—	—	10	8	—	9	4	—	—	—	5	2	11	49			
	Doubtful	—	—	—	2	—	—	—	—	—	—	1	—	1	4			

* The definition of "patient" does not include "pretuberculous" children.

Scheme for the Prevention and Treatment of Venereal Diseases.

The arrangements made by the County Council for the treatment of venereal diseases, in compliance with the requirements of the Public Health (Venereal Diseases) Regulations, 1916, which were in force in previous years, were continued during 1923.

These arrangements include the following:—

- (i) Agreements, jointly with London and other authorities, for the diagnosis and treatment of patients at the London Hospitals.
- (ii) Agreement with the Prince of Wales's Hospital, Tottenham, for the same purpose.
- (iii) Arrangements, jointly with Surrey County Council, for diagnosis and treatment at the Royal Hospital, Richmond.
- (iv) Publicity arrangements.
- (v) Arrangements for the free supply of arsenobenzol compounds to approved practitioners.

As regards the above, the arrangements were in all respects similar to those of previous years, but in the Joint London Scheme, referred to under (i), certain alterations and improvements were put into effect.

The following is a return of the number of Middlesex patients treated during 1923. This shows separately the number dealt with at the Hospitals in the Joint London Scheme, the number treated at the Prince of Wales's Hospital, Tottenham, and the number treated at Richmond Hospital, Surrey.

The total number of new cases from all areas dealt with at the London Hospitals was 25,650, of which 1,634 or 6·3 per cent. is credited to Middlesex, and the remainder to the other participating authorities in the Joint Scheme.

Compared with the figures of the previous year, 1922, the *number of new patients from Middlesex* shows an increase of 246 in the case of the London Hospitals, and a decrease of 29 in the case of the Prince of Wales's

Hospital. As regards Richmond Hospital the number of new patients from Middlesex was 71 as compared with 57 in the preceding year. The *attendances by Middlesex patients* increased by 913 at the London Hospitals, by 288 at the Prince of Wales's Hospital, and by 369 at Richmond Hospital.

The number of doctors practising in Middlesex who applied during 1923 to be placed on the approved list, entitling them to receive free supplies of arsenobenzol compounds, was 4. The total number now is 46. In addition to these, there is a considerable number of doctors in London, by many of whom Middlesex residents are treated, who are also on the list of approved practitioners.

MIDDLESEX Patients treated at

	London Hospitals.					Prince of Wales's Hospital, Tottenham.					Richmond Hospital.				
	1919.	1920.	1921.	1922.	1923.	1919.	1920.	1921.	1922.	1923.	1919.*	1920.	1921.	1922.	1923.
	Number of persons dealt with at the Clinics for the first time and found to be suffering from:—														
Syphilis	645	704	559	399	429	148	142	99	97	76	14	27	29	23	19
Soft chancre	19	26	31	13	15	13	10	2	5	5	1	3	—	—	—
Gonorrhoea	982	872	614	573	732	157	169	101	84	87	5	36	22	23	29
Not suffering from V.D.	407	534	432	403	458	114	110	90	94	83	4	16	15	11	23
Total	2,053	2,136	1,636	1,388	1,634	432	431	292	280	251	24	82	66	57	71
Total attendances	23,710	34,011	33,547	32,621	33,534	6,855	8,459	5,818	5,812	6,100	67	921	1,189	1,913	2,282
Number of "in-patient" days of treatment	2,242	1,846	2,981	3,855	3,662	314	304	172	128	106	13	—	—	—	—
Number of doses of arsenobenzol compounds given	3,817	4,635	4,850	4,265	3,534	417	795	460	535	382	25	332	503	323	207

* The figures at the Royal Hospital, Richmond, relate to the last few months of 1919. The Clinic here was opened in October, 1919, by agreement between the Hospital Board and the Surrey County Council, and the County Council of Middlesex arranged with the latter to contribute towards the expenses of the Clinic on the basis of user. Owing to the number of cases attending at the end of 1919, it was decided to increase the number of Clinics held to two in each week.

Maternity and Child Welfare Scheme.

In 1919 the County Council adopted a complete scheme for Maternity and Child Welfare work in the 11 Districts in the County in which the Local District Councils had not made provision for this purpose. Subsequently, 3 other Districts decided to merge their schemes in that of the County Council.

Accordingly, the Council is responsible for the work in 14 Districts, viz., The Urban Districts of Feltham, Friern Barnet, Greenford, Hampton Wick, Hayes, Kingsbury, Ruislip-Northwood, Staines, Sunbury and Yiewsley, and the Rural Districts of Hendon, South Mimms, Staines and Uxbridge.

Several of the proposals in the scheme entailed considerable capital expenditure and, before embarking upon these, the Council decided to await the result of experience as to the need and demand for such provisions in the area. Later, conferences were held with Districts in the County bordering upon the Districts in which the County Council is the authority for Maternity, &c., work, and a scheme was agreed upon for the provision of lying-in homes for the reception of ordinary and complicated confinements. Difficulty in obtaining suitable premises, and the necessity for reduction in national expenditure led to the postponement of the development of this branch of the work.

At the present time the scheme in operation includes the following :—

- (1) The provision of Welfare Centres, with the necessary staffs of medical officers and nurses.
- (2) The appointment of Local Welfare Committees and Voluntary Helpers at the Centres.
- (3) The provision of Midwives in areas insufficiently supplied.
- (4) The supply of milk, drugs, foods, &c., to expectant and nursing mothers and to children under five years of age.

- (5) Limited arrangements for the accommodation of women during their confinements.
- (6) Facilities for ophthalmic treatment of mothers and children in conjunction with the scheme of the Middlesex Education Committee for the ophthalmic treatment of school children.
- (7) Similar facilities for dental treatment were in operation for a short time during 1921, but, at present, are in abeyance.

Welfare Centres.—The following is a list of the Welfare Centres under the control of the County Council :—

Sanitary District.	Address of Welfare Centre.	Day and Time on which Centre is held.	Medical Officer in Charge.
Feltham ...	The Hut, Council School ...	P.M. Tuesday ... 2.30	Dr. Proctor.
Friern Barnet ...	Congregation Church Hall, Bellevue Road. Freehold Social Institute, Hampden Road.	Wednesday ... 2.30 Friday ... 2.30	Dr. F. A. Spreat. Dr. F. A. Spreat.
Hampton Wick ...	Council School ...	Friday ... 2.30	Dr. Heddy.
Hayes ...	Wesleyan Chapel Schoolroom, Station Road.	Tuesday ... 2.30	Dr. R. H. Shelley.
Ruislip-Northwood ...	Eastcote—Church Hall ... Northwood—St. John's Presbyterian Church Hall, Hallowell Road.	Wednesday 2.30 Tuesday ... 2.30	Dr. L. W. Hignett. Dr. L. W. Hignett.
Staines ...	Ruislip—Church Institute ... Friends' Meeting House, High Street.	Thursday ... 2.30 Wednesday ... 2.30	Dr. L. W. Hignett. Dr. Proctor.
Sunbury ...	139, Vicarage Road ...	Wednesday 2.30	Dr. Heddy.
Yiewsley ...	Wesleyan Chapel School Room	Tuesday ... 2.30	Dr. Norrington.

Sanitary District.	Address of Welfare Centre.	Day and Time on which Centre is held.	Medical Officer in Charge.
Hendon Rural	Edgware—Whitchurch Institute, Whitchurch Lane.	Wednesday ... P.M. 2.30	Dr. Burn.
South Mimms Rural	Harrow Weald—Memorial Hall	Thursday ... 2.30	Dr. Burn.
Staines Rural	Headstone—St. George's Church Hall.	Tuesday ... 2.30	Dr. Burn.
Uxbridge Rural	Pinner—Free Church Lecture Hall, Payne's Lane.	Friday ... 2.30	Dr. Burn.
Hendon Rural	Potters Bar, Village Hall	Wednesday 2.30	Dr. Daniel.
South Mimms Rural	South Mimms—St. Giles's Parish Room.	Thursday ... 2.30	Dr. Daniel.
Staines Rural	Ashford -- Wesleyan Church School Room, Clarendon Road.	Thursday ... 2.30	Dr. Proctor.
Uxbridge Rural	Harlington—Village Hall, Cherry Lane.	Tuesday ... 2.30	Dr. Moir.
Hendon Rural	Shepperton Green — Council School.	Monday ... 2.30	Dr. Proctor.
Uxbridge Rural	Harefield—Memorial Hall	Thursday ... 2.30	Dr. Norrington.
Staines Rural	Hillingdon—Salem School, High Road, Hayes End.	Thursday ... 2.30	Dr. Shelley.
Uxbridge Rural	Northolt—Church Hall	Thursday ... 2.30	Dr. Moir.

No Welfare Centres are in operation in the districts of Greenford and Kingsbury. With regard to the former, the Centre originally established in the district was discontinued in 1922 and the residents in Greenford now attend the Northolt Centre in Uxbridge Rural District. Residents in Kingsbury attend the County Council's Centre at Edgware in Hendon Rural District, with the exception of those resident in the South-east portion of the district. The Hendon Urban District Council have agreed to allow such residents to attend the District Council's Welfare Centre at West Hendon, which is conveniently situated for the purpose, and the County Council contribute towards the cost of the Centre.

Weekly sessions are held at all the Centres and are attended by a medical officer, one (or more) of the Council's staff of nurses engaged on combined duties as health visitors and school nurses, and a variable number of local women who act as voluntary workers. The latter render valuable help in keeping the records at the Centres, assisting in the weighing of infants, superintending the issue of dried milk, Virol, &c., to those mothers who have received written authority from the medical officer to obtain such articles, preparing tea, &c.

All the doctors and nurses in attendance at Centres are whole-time Officers of the County Council engaged on work in connection with Maternity and Child Welfare and School Medical inspection and treatment, with the exception of the Medical Officers at the Welfare Centres in Friern Barnet and Ruislip-Northwood. By arrangement the local Medical Officers of Health of these two districts, who were in attendance at the Centres at the time these were transferred from the control of the District Councils to the County Council, continue to attend the Centres and, for this purpose, act as part-time Medical Officers of the County Council.

The total number of meetings of Welfare Centres held in 1923 was 1,148. The number of new cases attending the Centres was :—

Expectant mothers	...	...	...	...	66
Infants	...	...	...	...	873
Children (1 to 5 years)	...	...	...	...	437

The attendances at the Centres were :—

Expectant mothers	...	...	...	...	686
Other mothers attending with infants	...	...	...	...	23,776
Infants	...	...	...	...	14,967
Children (1 to 5 years)	...	...	...	...	15,524
Total attendances					54,953

The average attendance of infants and children at each session of the Centres was 25·65 as compared with 24·85 per session in the previous year and 26·3 in 1921.

The number of home visits paid by the health visitors in connection with Maternity and Child Welfare was :—

Ante-natal visits	...	...	...	...	1,541
Visits to babies under 1 year	...	...	...	...	11,108
Visits to children (1 to 5 years)	...	...	...	...	14,473
Total number of home visits					27,122

The total number of homes visited was 18,192.

The number of home visits made during the year shows an increase of 2,398 on the number made in 1922, and an increase of 3,317 on the visits during 1921.

Information as to the actual amounts of dried milk, Virol, &c., issued from the Welfare Centres during the calendar year 1923 is not available, as all accounts, &c., are balanced at the close of the financial year. The following, however, shows the amount and cost of various articles supplied at cost price, on part payment or free of charge during the financial year ended 31st March, 1924 :—

—	Amount.	Cost price.		Contri- buted by Mothers.		Charge on Scheme.					
		lbs.	£	s.	d.	£	s.	d.			
Dried milk	12,628	}	1,168	13	8	899	5	0	269	8	8
Virol or similar sub- stances	3,171										
Cod liver oil, malt, &c.	1,252		50	18	6	32	7	3	18	11	3
Fresh Milk	—		359	17	1	0	17	9	358	19	4
Total	...		1,579	9	3	932	10	0	646	19	3

The nett charge on the County Council shows a slight increase on the cost for the financial year 1922-23, when the figures were as follows:—

—	Amount.	Cost price.	Contri- buted by Mothers.	Charge on Scheme.
	lbs.	£ s. d.	£ s. d.	£ s. d.
Dried milk	10,195	} 1,072 3 9	807 2 3	265 1 6
Virol or similar sub- stances	2,595			
Cod liver oil, malt, &c.	—	27 6 9	22 9 4	4 17 5
Fresh milk	—	356 2 2	1 9 1	354 13 1
Total		1,455 12 8	831 0 8	624 12 0

Provision of Midwives.—In order to provide for areas in which the existing facilities for attending to women during their confinements were inadequate, the Council appointed three whole-time midwives, who work in Greenford, Yiewsley, Ruislip-Northwood, and adjoining neighbourhoods. The Council also subsidized a practising midwife in Friern Barnet.

During 1923 the Council's whole-time Officers attended 196 cases, either in their capacity as midwives or as maternity nurses in cases under the care of doctors. The midwife in Friern Barnet in receipt of a subsidy expressed her intention of ceasing to practise midwifery after October, and, as local conditions had changed, it was not considered necessary to make further provision.

Lying-in Homes.—Under arrangement with the Harrow, Wealdstone and District War Memorial Maternity Hostel, one case was admitted from the Council's area during 1923.

Administration of the Midwives Acts, 1902 and 1918.

During 1923 a total of 335 certified midwives notified the County Council, as Local Supervising Authority under the Midwives Acts, of their intention to practise in the area.

The districts in which these midwives resided are set out in the following table.

District.	Total number of midwives practising during 1923.	Removed from district during 1923.	Practising temporarily during 1923.	Number in district end of 1923.	District.	Total number of midwives practising during 1923.	Removed from district during 1923.	Practising temporarily during 1923.	Number in district end of 1923.
Urban—					Urban— <i>continued.</i>				
Acton (Borough) ...	12	3	1	8	Southgate ...	9	—	2	7
Brentford ...	9	4	—	5	Staines ...	2	—	—	2
Chiswick ...	8	1†	1	6	Sunbury ...	2	—	—	2
Ealing (Borough) ...	15	—	4	11	Teddington ...	3	—	—	3
Edmonton ...	18	1	1	16	Tottenham ...	24	4	1	19
Enfield ...	17	3	1	13	Twickenham ...	14	1	1	12
Feltham ...	5	1	1	3	Uxbridge ...	4	—	—	4
Finchley ...	4	2†	—	2	Wealdstone ...	2	—	—	2
Friern Barnet... ..	2	—	—	2	Wembley ...	4	—	—	4
Greenford ...	1	—	—	1	Willesden ...	36	7	2	27
Hampton ...	4	—	—	4	Wood Green ...	13	2†	—	11
Hampton Wick ...	—	—	—	—	Yiewsley ...	2	—	—	2
Hanwell ...	3	—	1	2	Rural—				
Harrow ...	3	—	—	3	Hendon ...	2	—	—	2
Hayes ...	3	1	—	2	South Mimms ...	—	—	—	—
Hendon ...	16	1	2	13	Staines ...	8	—	1	7
Heston and Isleworth ...	17	2*	—	15	Uxbridge ...	3	—	—	3
Hornsey (Borough) ...	12	1	2	9	Extra County ...	51	7	7	37
Kingsbury ...	—	—	—	—	Totals ...	335	41	28	266
Ruislip-Northwood ...	1	—	—	1					
Southall-Norwood ...	6	—	—	6					

* 1 removed from Roll.

† 1 dead.

‡ 1 voluntary removal from Roll.

It will be noted that no midwives residing in the districts of Hampton Wick, Kingsbury or South Mimms have notified the Council of their intention to practise, nor is there sufficient work in any of these districts to occupy the time of a midwife. With regard to Hampton Wick, midwives resident in Kingston (Surrey) attend cases as needed, and residents in Kingsbury are attended by midwives living in the adjacent urban district of Hendon.

From each of the districts of Greenford and Ruislip-Northwood only one notification of intention to practise has been received. These notifications relate to two of the three whole-time midwives which the County Council, acting as the authority for Maternity and Child Welfare, has found it necessary to provide to meet the requirements of areas insufficiently supplied. The third midwife employed by the Council resides in the Rural District of Uxbridge and practises in the district of Yiewsley and neighbourhood.

In addition to the 335 certified midwives, who notified their intention to practise in the County, many others reside therein who either are employed in Poor Law Institutions, and therefore are exempt from the supervision of the Local Supervising Authority, or are not engaged in the active practice of their calling.

The total number of certified midwives is as follows :—

Midwives who have notified their intention to practise	335
Midwives employed in Poor Law Institutions	18
Midwives not engaged in midwifery practice	500
	853

Qualifications of Midwives in Practice.—The qualifications of the practising midwives are given below :—

- 265 have passed the Examination of the Central Midwives Board.
- 32 possess the L.O.S. certificate.
- 2 possess hospital certificates other than the L.O.S. certificate.
- 36 were enrolled by reason of having been in *bona fide* practice previous to the passing of the Act.

The number of *bona fide* midwives in practice is decreasing slowly year by year ; thus in 1918 there were 55 as against 36 in 1923. On the other hand, it is satisfactory to note that the number of fully trained women possessing the C.M.B. certificate and practising in the County has increased from 127 in 1918 to 265 in 1923.

Uncertified women.—During 1923 evidence was obtained that a woman who was not a certified midwife was engaged in the practice of midwifery “habitually and for gain.” Proceedings were instituted, and the case was heard at the Acton Police Court. As result, a conviction was obtained and a fine of £5 and costs imposed.

Section 1 (2) of the Midwives Act, 1902, which is the authority for the suppression of the practice of midwifery by unqualified persons, has not proved uniformly easy of application, and in this connection attention is drawn to Circular 415 of the Ministry of Health received by the Council in June, and to my Report thereon to the Maternity and Child Welfare Committee. These are set out in Appendix I to this Report (page 68).

Number of Births attended by Midwives.—At the close of each year midwives who have notified their intention to practise are requested to furnish a return giving information as to the number of cases attended by them. Owing to removals from the County, delay in sending in the returns, deaths, &c., it is evident that the figures so obtained cannot be treated as absolutely accurate, but they are sufficiently correct to afford useful information as to the extent to which midwifery is undertaken by midwives in the County.

From these returns it is found that midwives attended 10,246 births, or 44·2 per cent. of the total number of births registered in the County during 1923, and in addition acted as nurses to 1,697 cases under the care of doctors. It is a matter for congratulation that of 10,246 births attended by midwives only 1,481 (or 14·4 per cent.) were attended by *bona fide* midwives, and of the 1,697 doctors' cases, in only 212 (or 12·4 per cent.) were *bona fide* midwives present as nurses.

The following table shows the distribution of the births attended by midwives throughout the several sanitary districts in the County.

	Births attended by Midwives residing in each District, 1923.	Births where the Midwives acted as Nurses, 1923.	Births attended by Midwives residing in each District, 1923.	Births where the Midwives acted as Nurses, 1923.
<i>Urban—</i>				
Acton (Borough) ...	318	127	200	21
Brentford ...	520	15	81	80
Chiswick ...	407	75	34	11
Ealing (Borough) ...	127	94	110	18
Edmonton ...	909	78	176	61
Enfield ...	468	53	1,704	44
Feltham ...	119	26	489	83
Finchley ...	98	52	129	60
Friern Barnet ...	138	16	92	5
Greenford ...	39	2	49	10
Hampton ...	135	22	734	111
Hampton Wick ...	—	—	311	6
Hanwell ...	80	9	42	6
Harrow ...	111	65	—	86
Hayes ...	136	35	—	—
Hendon ...	222	82	205	38
Heston and Isleworth ...	494	105	125	4
Hornsey (Borough) ...	147	114	1,249	65
Kingsbury ...	—	—	—	—
Ruislip-Northwood ...	48	18	—	—
<i>Urban—continued.</i>				
Southall-Norwood ...	—	—	—	—
Southgate ...	—	—	—	—
Staines ...	—	—	—	—
Sunbury ...	—	—	—	—
Teddington ...	—	—	—	—
Tottenham ...	—	—	—	—
Twickenham ...	—	—	—	—
Uxbridge ...	—	—	—	—
Wealdstone ...	—	—	—	—
Wembley ...	—	—	—	—
Willesden ...	—	—	—	—
Wood Green ...	—	—	—	—
Yiewsley ...	—	—	—	—
<i>Rural—</i>				
Hendon ...	—	—	—	—
South Mimms ...	—	—	—	—
Staines ...	—	—	—	—
Uxbridge ...	—	—	—	—
Extra County ...	—	—	—	—
TOTAL ...	10,246	1,697	10,246	1,697

Notifications.—The number of notifications received from midwives during 1923, in accordance with the Rules of the Central Midwives Board, together with similar figures for the past 4 years, for purposes of comparison are as follows :—

—	1919.	1920.	1921.	1922.	1923.
Notifications of—					
Sending for medical assistance	1,227	1,491	1,366	1,252	1,244
Still-birth	163	232	159	142	141
Death of infant before the arrival of a doctor	9	6	25	19	14
Death of mother before the arrival of a doctor	2	1	—	—	—
Laying out the dead	12	5	9	10	16
Artificial feeding	43	38	30	49	53
Liability to be a source of infection	19	21	28	39	33
	1,475	1,794	1,617	1,511	1,501

NOTE.—The number of still-births notified during 1923 represents 1·36 per cent. of the total births attended by midwives.

The notifications of sending for medical assistance during the same years were as follows :—

—	1919.	1920.	1921.	1922.	1923.
Ante-natal	118	117	66	56	60
During labour	574	699	723	625	576
During lying-in period	173	247	180	172	241
For infant	362	428	397	399	367
	1,227	1,491	1,366	1,252	1,244

Puerperal Fever.—During 1923 the total number of cases attended by midwives which were notified as suffering from puerperal fever was 16. Of these 6 proved fatal, whilst the remainder made good recovery.

The following table affords information as to the occurrence of puerperal fever in the County during the past 10 years :—

Year.	Total number of Registered Births.	Total number of cases of Puerperal Fever notified.	Number of births attended by Midwives.	Cases of Puerperal Fever in practices of Midwives.	Deaths amongst Midwives cases.
1913	27,719	59	12,193	17	5
1914	28,147	74	12,218	24	10
1915	25,995	55	10,580	13	8
1916	25,524	72	10,871	18	10
1917	20,422	41	8,875	13	4
1918	19,010	33	8,426	11	5
1919	20,569	68	9,526	15	3
1920	29,842	79	12,396	20	7
1921	25,191	80	11,300	18	5
1922	23,775	57	10,884	17	6
1923	23,172	67	10,246	16	6

Early information as to the occurrence of cases of puerperal fever in the practices of midwives is obtained through the notifications "as to sending for medical aid" on account of rise of temperature which midwives are required to send to the Local Supervising Authority. Local Medical Officers of Health further assist the County Council by immediately informing the Public Health Department on receipt of a notification of puerperal fever from a medical practitioner relating to any case with which it appears that a midwife has been connected, either in her capacity as a midwife or as a nurse. Immediate enquiries are instituted, the midwife is visited, and instructions are given by one of the Inspectors of Midwives as to the steps to be taken to prevent any spread of infection.

Ophthalmia Neonatorum.—In accordance with the Rules of the Central Midwives Board, midwives are required to send for medical aid whenever an infant has “inflammation of or discharge from the eyes, however slight.” As a whole the midwives in the County pay very careful attention to this rule, with the result that many cases of a comparatively trivial character are reported. This is as it should be, for the consequences of true ophthalmia neonatorum are of such a serious character, unless immediate and efficient treatment is given, that too great precautions cannot be taken.

During 1923 a doctor was called in by midwives in 99 cases. Of these, 63 turned out not to be cases of ophthalmia, and in the remaining 36 cases treatment proved effective and no injury to vision has resulted.

Inspection.—The supervision of midwives is carried out by the County Medical Officer and his deputy, assisted by Miss A. A. I. Pollard and Miss C. A. M. Coleman, Inspectors of Midwives. The work of the latter officers is exacting in character and frequently of a difficult nature, but there is no doubt that their tactful and efficient services have had a most educational and beneficial influence on midwifery practice in the County.

The number of visits made by the Inspectors during 1923 was as follows :—

Visits to midwives who have notified	1,119
Visits to midwives who have not notified	23
Visits to uncertified women	44
Visits to patients' homes in connection with cases of ophthalmia or other complaints	254
Visits to other persons in connection with inquiries under the Midwives Acts	111
	<hr/>
	1,551
	<hr/>

In addition, 243 visits were made in connection with the Registration of Lying-in Homes (*see* page 59).

The above visits to midwives include routine visits of inspection, enquiry into all notifications as to sending for medical aid, &c. Any notification relating to high temperature, inflammation of or discharge from infants' eyes, puerperal fever, rash on infants or liability to be a source of infection, is dealt with as "urgent," and the midwife is visited at once in order to ensure that every precaution is taken against the spread of infection, and that efficient treatment has, in fact, been obtained.

Action taken.

No midwives were reported to the Central Midwives Board during the year.

1 midwife, whose conduct was reported to the Board in 1922, was removed from the Midwives Roll in 1923.

1 midwife voluntarily resigned from the Midwives Roll and surrendered her certificate.

11 verbal cautions to midwives were given by the inspectors.

1 uncertified woman was fined for unqualified practice (*see page 72*).

Cautionary letters were sent to two uncertified women.

11 uncertified women were cautioned by the inspectors.

Payment of Fees to Medical Practitioners.—In accordance with the provisions of Section 14 of the Midwives Act, 1918, the County Council is required to pay the fees of any doctors called in by midwives in accordance with Rule E 20 of the Central Midwives Board. A scale of fees has been prescribed by the Ministry of Health, and certain conditions as to cases in which payments cannot be made are laid down therein. The County Council have the further duty of recovering from the patient, her husband, or other person liable for her maintenance, the fees paid, except in cases of poverty.

Information as to this branch of the Council's work is given below.

FEES PAID TO MEDICAL PRACTITIONERS UNDER SECTION 14 OF THE MIDWIVES ACT, 1918.

Year.	A. Number of notifications of sending for Medical Aid.	B. Number of Claims for fees received.	Percentage of B to A.	Total amount paid to Doctors during financial year.	Total amount received by County Council from Patients during financial year.
1920	1,491	377	25.3	1920-21	1920-21
1921	1,366	503	36.9	1921-22	1921-22
1922	1,252	573	45.7	1922-23	1922-23
1923	1,244	614	49.4	1923-24	1923-24

* Including an estimate of £120 12s. (doctors' fees) unpaid at 31.3.24 in respect of services for 1923-24.

Registration of Lying-in Homes.

The Middlesex County Council (General Powers) Act, 1921, makes provision for the registration and supervision of lying-in homes in the County. Full information as to the powers of the Council under the pertinent Sections of the Act was set out in last year's report. Section 53 gives authority to the Council to make by-laws prescribing the records to be kept with respect to the patients received and the business carried on at a registered lying-in home. During 1923 this matter has engaged the attention of the Council and suitable by-laws were adopted and sealed by the Council in October and received the approval of the Ministry of Health in December. For information, the by-laws are set out in Appendix II to this report. At the commencement of the year, 94 lying-in homes were on the Council's Register, 21 additional registrations were effected during 1923 and 9 homes were removed from the Register. Three of these removals were due to changes in address and the new premises are included in the 21 registrations mentioned above. One was due to a change of proprietorship of a registered home, 4 were due to proprietors voluntarily deciding to discontinue receiving lying-in cases and 1 was due to the death of the proprietor. Four additional applications for registration were voluntarily withdrawn by the applicants. The total number of lying-in homes remaining on the Register at the close of the year was 106, with accommodation for 339 patients.

Although 61 homes, with accommodation for 197 patients, belong to certified midwives, the majority of these women do not undertake cases outside the homes. In the case of 23 homes, with accommodation for 55 patients, which are owned by midwives also engaged on district work (with the exception of 4 homes with a total of 24 beds, in each of which 2 certified midwives reside), the number of patients to be accommodated is small, viz., 7 homes for 1 case each, 11 homes for 2 cases each and 1 home for 3 patients. This is a matter of some importance, for it is clear that a midwife with district work should not accept responsibility for any considerable number of resident patients.

In addition to the lying-in homes registered by the Council. 3 homes belonging to medical practitioners are exempted from registration in virtue of the provisions of Section 56 of the Act, which is as follows :—

“ Subject as hereinafter provided the provisions of this Part of this Act shall not apply in the case of a lying-in home carried on by a duly registered medical practitioner with respect to which there has been lodged with the Council a certificate in a form to be approved by them and signed by two duly registered medical practitioners practising or residing in the County not being in partnership with such first-mentioned medical practitioner or with each other and not having any financial or other interest in such home to the effect that the premises used or represented as being or intended to be used for such home and the equipment provided at such premises are in all respects suitable for the purpose, and that the medical practitioner carrying on or proposing to carry on such home is a suitable person to carry on the same. Provided that any such certificate shall not be valid (a) with respect to any person or premises other than the person or premises specified therein, or (b) for a period extending beyond the thirty-first day of January next following the date of the certificate.”

The following table shows the number of registered lying-in homes, with accommodation, in each sanitary district in the County :—

District.	Number of Lying-in Homes on Register.	Number of Beds available.
<i>Urban—</i>		
Acton (<i>Borough</i>)	5	16
Brentford	2	3
Chiswick	5	16
Ealing (<i>Borough</i>)	11	45
Edmonton	3	7
Enfield	1	3
Feltham	—	—

District.	Number of Lying-in Homes on Register.	Number of Beds available.
<i>Urban (continued)—</i>		
Finchley	6	12
Friern Barnet	2	4
Greenford	—	—
Hampton	1	4
Hampton Wick	—	—
Hanwell	4	7
Harrow	4	14
Hayes... ..	—	—
Hendon	5	12
Heston & Isleworth	4	7
Hornsey (<i>Borough</i>)	14	48
Kingsbury	—	—
Ruislip-Northwood	—	—
Southall-Norwood	—	—
Southgate	4	17
Staines	—	—
Sunbury	—	—
Teddington	3	23
Tottenham	6	15
Twickenham	4	21
Uxbridge	1	6
Wealdstone	—	—
Wembley	1	7
Willesden	11	33
Wood Green	3	7
Yiewsley	—	—
<i>Rural—</i>		
Hendon	5	10
South Mimms	—	—
Staines	1	2
Uxbridge	—	—
The County	106	339

Milk, Dairies, and Milkshops.

In last year's Annual Report full account was given of the powers of the County Council and of Local Sanitary Authorities respectively in connection with the milk supply. So far as the County Council is concerned its powers at the present date are restricted to :—

- (a) Powers under the Sale of Food and Drugs Acts in respect of the adulteration, &c., of milk.
- (b) Powers under the Milk (Special Designations) Order, 1923, issued by the Ministry of Health.

With regard to action taken under the Sale of Food and Drugs Acts, reference should be made to page 63 of this Report.

Under (b) the County Council is authorized to grant licences to producers of "Grade A milk," and if the producers retail the milk direct from the farm the Council is empowered to issue a "distributor's" licence also. The degree of bacteriological purity which must be maintained for milk to comply with the requirements of "Grade A" is a high one, but the advantages of a pure milk supply are so important that every encouragement should be given to producers to attain to this standard. Although hygienic cowsheds of modern construction and equipment and appliances of the most recent pattern are of assistance, experience has proved that the essential factors which influence the purity of milk are the methods of production. "Grade A" milk can be produced on any farm if the milch cows are healthy and if sufficient care be given to cleanliness in its strictest sense.

During 1923 two applications for licences to produce "Grade A" milk were received by the County Council. Inspection of the farms was made by the County Medical Officer in company with the local Medical Officers of Health and various suggestions for the improvement of the methods of production were given. In one instance the dairyman complied with the requirements and a licence to "produce" and "distribute" milk was granted. Periodic examinations of samples of milk from this farm

have proved that the standard of purity required has been fully maintained. In the case of the second farm, up to the end of the year the methods in operation were not such as would justify the granting of a licence.

Food and Drugs Acts. Public Health (Milk and Cream) Regulations, 1912 and 1917.

The following particulars—showing work carried out during 1923 by the County Council in connection with the food supply—have been prepared by R. Robinson, Esq., the Chief Officer of the Public Control Department:—

SALE OF FOOD AND DRUGS ACTS.

Article.	Formal Samples.		Informal Samples.	
	Taken.	Adul- terated.	Taken.	Adul- terated.
Baking powder ...	—	—	14	—
Beer	—	—	34	—
Black pudding ...	1	—	—	—
Blancmange ...	—	—	1	—
Butter	—	—	101	—
Cocoa	—	—	3	—
Coffee	—	—	1	—
Corn flour	—	—	1	—
Cream	16	13	3	1
Cream, preserved ...	2	—	66	—
Cream pastry ...	—	—	16	3
Cream of tartar ...	—	—	11	—
Eggs, liquid ...	—	—	2	1
Egg substitute ...	—	—	1	—
Flour	—	—	1	—
Flour, self-raising ...	1	—	24	1

Article.	Formal Samples.		Informal Samples.	
	Taken.	Adul- terated.	Taken.	Adul- terated.
Formaldehyde solu- tion	—	—	4	—
Honey	—	—	3	—
Iodide of Iron, Syrup of	—	—	1	—
Iodine, tincture of ...	—	—	8	—
Lard	—	—	12	—
Liquid paraffin	—	—	8	—
Margarine	1	—	—	—
Milk	777	87	6	4
Milk, separated	12	—	—	—
Milk, condensed	—	—	7	5
Milk, condensed machine-skimmed	3	—	13	—
Mincemeat	—	—	1	—
Mustard	—	—	1	—
Olive oil	—	—	8	—
Oxide of zinc	—	—	8	—
Prescription... ..	23	5	—	—
Rice	—	—	12	—
Salicylate of Soda ...	—	—	5	—
Sausages	1	—	—	—
Sponge cakes	1	1	27	2
Sugar	8	—	3	1
Sugar of lead	—	—	5	—
Sweets	—	—	1	—
Tartaric acid	1	—	1	—
Tripe	—	—	1	—
Vinegar	2	—	1	—
Zinc ointment	—	—	12	—
	849	106	427	18

The following are details of the work done under the Public Health (Milk and Cream) Regulations :—

1. *Milk and Cream not Sold as Preserved Cream.*

—	(a) Number of Sam- ples examined for the presence of a Preservative.	(b) Number in which Preservative was reported to be present.
Milk	795	0
Cream	19	14 (including one informal sample.)

The nature of the preservative in each case in Column (b), and the action taken are as follows :—

Cream.

Sample 1. Boracic Acid. ·37 per cent. Fine £2 and £1 costs.

Sample 2. Boracic acid. ·67 per cent. Fine £1 as costs.

Sample 3. Boracic acid. ·29 per cent. Fine £2 and 10s. 6d. costs.

Sample 4. Boracic acid. ·29 per cent. Fine 10s. and 14s. 6d. costs.

Sample 5. Boracic acid. ·23 per cent. Fine £2 and 10s. 6d. costs.

Sample 6. Boracic acid. ·34 per cent. Summons dismissed.

Sample 7. Boracic acid. ·67 per cent. Fine £50 and 10s. 6d. costs.

(Sample taken in course of delivery to retailer :
No. 12 below).

Sample 8. Boracic acid. ·31 per cent. Fine £2 and
10s. 6d. costs.

Sample 9. Boracic acid. ·33 per cent. Fine £1 and
£1 costs.

Sample 10. Boracic acid. ·51 per cent. Fine £2 and
£1 costs.

Sample 11. Boracic acid. ·26 per cent. Fine £2 and
10s. 6d. costs.

Sample 12. Boracic acid. ·33 per cent. Explanation
received and vendor cautioned. Vendor bought
article as "pure cream" from wholesale vendor
(No. 7 above).

Sample 13. Boracic acid. ·27 per cent. Explanation
given and vendor cautioned.

Sample 14. Informal sample contained boracic acid.

In some cases the convictions were recorded under Section 6 of the Sale of Food and Drugs Act, 1875, and some under the Public Health (Milk and Cream) Regulations, but in the majority of cases convictions were recorded under both.

In addition to the informal sample of cream reported against by the County Analyst, 23 out of a total of 50 informal samples of cream were found to contain boracic acid by officers of the Public Control Department by means of rough sorting-out tests.

2. Cream sold as Preserved Cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

(i) Correct statements made	...	...	...	66
(ii) Statements incorrect	...	...	...	0
				—
Total	...	...	...	66
				—

(b) Determinations made of milk fat in cream sold as preserved cream :—

(i) Above 35 per cent. ...	...	...	...	68
(ii) Below 35 per cent. ...	...	...	...	0
				68*
				68*

*Including 2 samples examined by Officers of the Public Control Department.

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V (1) and the proviso in Article V (2) of the Regulations have not been observed. Nil.

(d) Particulars of each case in which the Regulations have not been complied with :—

Using obsolete label (permitted by 1912 Regulations), 2.

3. *Thickening Substances.* Nil.

APPENDIX I.

CIRCULAR 415, DATED 29TH JUNE, 1923, ISSUED BY THE
MINISTRY OF HEALTH REGARDING THE DECISION OF
THE HIGH COURT AS TO UNCERTIFIED MIDWIFE ACTING
UNDER THE "DIRECTION" OF A QUALIFIED MEDICAL
PRACTITIONER.

In accordance with the instructions of the Committee at its Meeting in July, I beg to report on Circular 415, issued by the Ministry of Health.

This Circular letter is in the following terms :—

" 1. I am directed by the Minister of Health to draw the attention of the Council to the recent decision of the High Court set out in the extract below from the Local Government Chronicle of the 12th May, 1923 :—

" HIGH COURT OF JUSTICE.

" KING'S BENCH DIVISION.

" (Coram Lord Hewart C.J., Shearman and Branson J.J.)

" *Davis v.*

" April 24, 1923.

" Midwives—Uncertificated Midwife—Acting under 'direction' of qualified Medical Practitioner—Actual supervision of Medical Practitioner—Midwives Act, 1902 (2 Edw. VII., c. 17), Section 1, sub-section 2.

" Case stated by justices upon their dismissal of an information preferred by the appellant, an Officer of the County of Devon, against the respondent, a Midwife who had previously been certificated, but had ceased to be certificated in December, 1920, charging that she not being certified under the Midwives Act, 1902, unlawfully did habitually and for gain attend women in childbirth otherwise than under the direction of a qualified Medical Practitioner, contrary to Section 1, sub-section (2).

" It was proved that five expectant mothers had engaged the defendant to act as midwife at their several confinements, and paid her fees, and she attended and delivered the patients at dates between 5th May and 3rd July, 1922. No Medical

Practitioner was present in any of the cases. There was no emergency. In every case as soon as the respondent was engaged a qualified Medical Practitioner was also retained. These gentlemen paid professional visits to the patients subsequently to the confinement, but not before. The respondent contended that she had put herself under the direction of qualified Medical Practitioners and that the case should be dismissed. The three medical men concerned, two of them in two cases each, and one in one, were examined for the defence. Each of them stated that the respondent was acting under his direction, that she was a capable woman and to be trusted, and that no instructions had been given in any case or were necessary. In no case was any professional inquiry made. In straightforward cases examination was never made. The appellant's contention was that 'under the direction' in the sub-section meant that in every case actual instructions suitable to the case should be given by the medical man. On the facts the justices were of opinion that the respondent had acted 'under the direction' of qualified medical men inasmuch as she had acted under their general direction, including implied authority to effect delivery and that specific directions were not required. They accordingly, dismissed the information.

"The Court held that the justices were not entitled to find that the respondent had attended the patients under the 'direction' of a qualified Medical Practitioner within the meaning of Section 1, sub-section (2), of the Act. The Act, no doubt, abstained from expressly defining the word 'direction,' but it was clear that before the Court could find that a person in the position of the respondent had acted under the direction of a qualified Medical Practitioner there must be materials from which it could draw the inference that there had been a real and not a mere nominal direction. The Act required not only that the medical man should make himself personally responsible for the case, but that he should make himself personally acquainted with its particular features. In the cases in question that requirement of the Act had not been complied with.

"Appeal allowed.

"2. It appears to the Minister that this decision should remove some of the difficulties which have been experienced by Local Supervising Authorities in administering Section 1 (2) of the Midwives Act, 1902, and should enable them to restrict the practice of midwifery by uncertified women. The Minister has, however, received various representations as to the need for amendment of this Section, and he would be glad if the Council would consider the effect of this decision on the cases which have come within their experience and would, at an early date, give him the benefit of their observations on the question whether, in view of the decision, any amendment of the Section is needed."

Section 1, sub-section (2), of the Midwives Act, 1902, referred to in the letter, is as follows :—

“From and after the first day of April one thousand nine hundred and ten, no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified Medical Practitioner unless she be certified under this Act ; any woman so acting without being certified under this Act shall be liable on summary conviction to a fine not exceeding ten pounds, provided this Section shall not apply to legally qualified Medical Practitioners, or to any one rendering assistance in a case of emergency.”

The County Council, as Local Supervising Authority under the Midwives Acts, is responsible for the taking of proceedings under the above section of the Act of 1902.

From time to time, instances of the practice of midwifery by unqualified women have occurred, in which no action has been possible owing to the difficulties experienced in obtaining evidence which would fully comply with the terms of the section.

Up to the present it has been very generally considered that an unqualified woman could be held to be attending a case under the direction of a Medical Practitioner, if a doctor had been engaged to attend the confinement even if he were not present nor summoned to the patient until labour was completed. The decision of the High Court set out in Circular 415 will materially strengthen the position of the Local Supervising Authority in their work of controlling the practice of midwifery by uncertified women.

In the decision of the High Court, however, it is stated “The Act no doubt abstained from expressly defining the word ‘direction,’” but, inasmuch as the relevant Section of the Act has been in force for over thirteen years and the true significance of the term has not been appreciated until now, it would appear that some definition of the word, based upon the decision of the High Court, might usefully be added. As an alternative, Section 1, sub-section (2), might be amended by the omission of the word “direction” and the introduction of a clause to more clearly define the nature of the supervision of a

Medical Practitioner required, before a case can be deemed to be under his charge.

The control of the practice of midwifery by unqualified persons is much hampered by the presence in Section 1, sub-section (2), of the 1902 Act, of the words "habitually and for gain." Knowledge may be obtained that an unqualified woman has attended one or two births, but, although suspicion may be present, a very considerable period may elapse before evidence is available that she has again acted as a Midwife. This makes the proof of "habitual" practice almost impossible. The interests of any person attending a labour as a matter of urgency are safeguarded by the last proviso in the sub-section, and there can be no doubt that the deletion of the word "habitual" would be a useful and valuable amendment to the section; similarly, no useful purpose is served by the words "and for gain," and these also might well be deleted.

* * * * *

J. TATE,

County Medical Officer.

25th September, 1923.

APPENDIX II.

BY-LAWS AS TO LYING-IN HOMES.

By-laws made by the County Council of Middlesex in pursuance of Part VI of the Middlesex County Council (General Powers) Act, 1921, as to Lying-in Homes in the Administrative County of Middlesex.

1. Throughout these By-laws the following words and expressions shall, unless the context otherwise requires, have the meanings hereafter assigned to them ; that is to say :—

“ The Council ” means the County Council of Middlesex.

“ Keeper of a lying-in home ” means any person carrying on a lying-in home whose name has been registered by the Council under Part VI of the Middlesex County Council (General Powers) Act, 1921.

“ Register ” means and includes a book, card or form.

“ Doctor ” means a duly registered medical practitioner.

“ Patient ” means a woman received into a lying-in home for the purposes of childbirth.

“ Child ” means a child born to a patient in a lying-in home.

“ Relative ” means a grandparent, brother, sister, uncle or aunt by consanguinity or affinity, and in the case of an illegitimate child any person who would be so related if the child were legitimate.

“ Infectious Disease ” means an infectious disease which a keeper of a lying-in home may be required to notify to the Medical Officer of Health of the District in pursuance of Section 6 of the Infectious Diseases (Notification) Act, 1889.

2. A keeper of a lying-in home shall keep a register of patients received at the home, and shall enter therein the following particulars with respect to every patient received :—

- (a) A reference number for each patient.
- (b) The name and address of the patient as given by the patient.
- (c) The date on which the patient entered the home.
- (d) The date on which the patient was discharged from or finally left the home.
- (e) The amount of any fee paid or payment made to him by or on behalf of the patient and the number of receipt given for such fee or payment.
- (f) The date and hour of delivery of the patient.
- (g) The name and address of the doctor or other person who delivered the patient.
- (h) If the patient or child died at the home, the date, hour and cause of death.
- (i) If the patient or child suffered from an infectious disease while at the home, the nature of such disease.

Such keeper shall either keep the particulars of every patient together in alphabetical order according to the name of each patient or keep a correct alphabetical index of such patients.

3. A keeper of a lying-in home shall, in every case where he arranges or is a party to any arrangement for the removal of a child to other premises to be placed in the care of any person other than its parent, legal guardian or a relative, keep in the register of patients, and in readily ascertainable connection with the entry relating to the mother of the child, a record specifying :—

- (a) The name and address of the mother of the child.
- (b) The address of the premises to which the child is taken.

- (c) The name of the person in whose care the child is placed.
- (d) The date of birth of the child.
- (e) The date of the removal of the child.
- (f) The amount of payment (if any) made to such keeper and/or within his knowledge to any other person in respect of such arrangement.

4. A keeper of a lying-in home shall keep a business register and shall enter therein the following particulars with respect to the business carried on at the lying-in home :—

- (a) The number in family of the person carrying on the lying-in home, with the sexes and ages.
- (b) The number of Nursing Staff, with their names and qualifications.
- (c) The number of Domestic Staff.
- (d) The number of rooms in the lying-in home, with their situation and mode of occupation.
- (e) The number of beds allocated to patients.
- (f) The number of beds allocated to medical, surgical or other cases.
- (g) The number of lodgers received (if any).
- (h) The number of nurse children received (if any).

5. A keeper of a lying-in home shall keep a book of forms of numbered receipts and counterfoils, and shall issue a receipt in respect of every payment or deposit made to him (1) by or on behalf of a patient, and (2) in respect of a child, and shall enter on such receipt, and the counterfoil thereof in case (1) his name, the address of the home, the date of payment, the reference number of the patient in the register of patients, and if the payment includes a fee in respect of the services of a doctor or other person, a statement to that effect ; and in case (2) his name, the

address of the home, the date of payment, the name of the child and the service rendered for the payment made.

6. A keeper of a lying-in home shall within 24 hours of the death of any patient or any child occurring at the home send to the Council notice in writing by letter-post or in an equally suitable manner, and shall state on such notice the date and hour of death.

Given under the Common Seal of the County Council.
this 30th day of October, 1923.

The Common Seal of the County Council
of Middlesex was hereunto affixed in
the presence of—

E. S. W. HART, *Clerk.*

CECIL DE SALIS, *Chairman.*



L.S.

Allowed by the Minister of Health this eighteenth day
of December, 1923.

I. G. GIBBON,

Assistant Secretary,

Ministry of Health.



L.S.

NOTES.

EXHIBITION OF BY-LAWS.

(A) A keeper of a lying-in home is required by Section 53 of the Middlesex County Council (General Powers) Act, 1921, to exhibit in a suitable place (to be approved by the Council) in the home a copy of the foregoing by-laws. A penalty of £50 may be imposed for non-compliance with this provision and a further penalty of £20 a day for a continuing offence after conviction. In respect of a second or subsequent offence, the Court may, in lieu of, or in addition to inflicting a fine, impose a period of three months' imprisonment. The Court may also order the cancellation of the registration of the lying-in home in respect of an offence.

INSPECTION OF RECORDS.

(B) Any duly authorized officer of the Council is empowered at all reasonable times to enter a lying-in home and inspect the premises and the entries in any records required to be kept in pursuance of the foregoing by-laws. Any person obstructing the officer or refusing to permit him to inspect such records is liable to a penalty of £5 and to a further penalty of £2 for each day on which the offence continues after conviction. The Court may also order the cancellation of the registration of the lying-in home in respect of an offence.

PENALTY FOR NON-COMPLIANCE WITH THE BY-LAWS.

(C) A person carrying on a lying-in home in contravention of the provisions of any of the foregoing by-laws is liable to a penalty of £5 and to a further penalty of £2 for each day on which the offence continues after conviction. The Court may also order the cancellation of the registration of the lying-in home in respect of an offence.